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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (
	2 1 749 CERTIFICATI	E OF DEATH Reg. Dist. No. 215			
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
legibly	county Montgomery Maryland	STATE District of Columbia			
and le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest towns a Rural 14 (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.			
clearly	HOSPITAL OR INSTITUTION OR SI S. Naval Hospital	STREET (If rural give location) ADDRESS 4200 Cathedral Avenue, N. W.			
death cl	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I DECEASED: (Type or Print) Arban Jay ACKERMAN DEATH:				
of	Male White Specify Single 8-22	22-04 9. AGE last birthday 15 UNDER 1 YEAR 15 UNDER 24 HRS. Months Days Hours Min.			
causes	work done during most of working life, even if retired) Architect Industrial	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Tennessee			
e the	13. FATHER'S NAME: Arban ACKERMAN	14. MOTHER'S MAIDEN NAME: Cary KEMP			
e write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yesyang or unk.) (If Yes, give waryor Tuntes of service) 16. SDCIAL SECURITY No. 17. STECRYANTAS ADVITOR SWANSON Same as above				
: please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4200				
Physicians	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	clirate that desise audnown			
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)				
important.	DISEASE OR CONDITION CAUSING DEATH.	ingue 7mo			
160	1911/56 CA. Tongue, Tonal, Palote,	Soft, kight & ruch mutatasis YES NO			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
is est	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work				
ect age	22. Lhereby certify that I attended the deceased from 28 D alive on 12 Jan , 19 56, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED			
correct	R. L. KING TOR MC USN U. S. Naval Hospita				
O	Burial 17 Jan 1956 Forest Hill				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE R24 AF TEMPHET TOTAL Home ADEREGISTRAR 13 Jan 1956 Navy 6. Farrelly 7557 Wisconsin Avenue, Bethesda,					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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A. i		certific	CATE OF DEATH Reg. Dist. No. 216
	gibly.	1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: District of Columbia STATE COUNTY
	ation ca y and le	CITY (If outside corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits, write RURAL (in this parties of the second corporate limits) and give nearest town)	place) OR
	niorman	HOSPITAL OR The Clinical Center Street Address Bethesda, Maryland	STREET (If rural give location) ADDRESS 1103 - 9th Street, N. W. Apt.2
	or in ath c	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Tola Burnett	(Last) Adams 4. DATE (Month) (Day) (Year) OF DEATH: Jan. 22, 19 56

22. an. 5. SEX: SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH: COLOR OR 17. 9. AGE last birthday IF UNDER 1 YEAR March 27, 1904 (Specify)Separated Female Negro

OA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: even if retired): Housewife 13. FATHER'S NAME:

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY District of Columbia 14. MOTHER'S MAIDEN NAME:

Cordelia Cozzen

James W. Adams S. WAS DECEASED EVER IN U.S. ARMED FORCES!

17. INFORMANT & ADDRESS:

(Yes, no or unk.) (If Yes, give war or dates of service)

The Medical Record, The Clinical Center None

171×	
IMMEDIATE CAUSE	(A)
ANTECEDENT CAUSE (S)	DUE
DISEASES OR CONDITIONS, IF ANY.	(B)

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

INTERVAL BETWEEN

ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

MAJOR FINDINGS OF

21B. PLACE (Home, farm, factory, 21c. WHERE DID (County)

20. AUTOPSY? NO [

(State)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED Not while

OF INJURY street, office bldg., etc.

(C)

16. SOCIAL SECURITY NO.

MEDICAL CERTIFICATION

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14 1955, to Jan. 22 1956, that I last saw the deceased

and that death occurred at 9:03AM, from the causes and on the date stated above. The Clinical Center, NIH, Bethesda, Md.

23. BURIAL, CREMATION. REMOVAL (SPECIFY) Burial

alive on Jan. SIGNATURE

DATE THEREOF

NAME OF CEMETERY OR CREMATORY Lincoln Mem. Cem.

LOCATION (City, town, or county) Suitland. Md.

DATE REC'D, BY LOCAL REGISTRAR,

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () () 693 745

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	A			

Reg. Dist. No. 2/6.....

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
death clearly and legibly	COUNTY MONTGOMERY MARYLAND	STATE Md. COUNTY Montgomery			
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)			
pu	OR and give nearest town) (in this place) Y TOWN Kensington	OR			
ळ	- X	Tour Brown			
arly	HOSPITAL OR INSTITUTION OR 10707 Shaftsbury Street	ADDRESS 10707 Shaftsbury Street			
ile.	00				
h	2-0-12	(Last) 4. DATE (Month) (Day) (Year)			
at	(Type or Print) Genevieve Ambus	h DEATH: Jan. 27, 19 56			
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
3 of		16, 1894 61 yrs. Months Days Hours Min.			
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT			
an	work done during most of working life, even if retired):Housewife	Barnesville, Md.			
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
please write the					
te	Charles E. Claggett	Edmonia Ambush			
VI	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
00	(Yes, no, or unk.) (If Yes, give war or dates of service)	Wm. T. Ambush 10707 Shasberry Street			
ಣ	18. MEDICAL CERTIFICAT	ION			
ore	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	170x				
83	IMMEDIATE CAUSE (A)	- They allows Trans			
an	DUE TO	0 = 10 13			
Sici	ANTECEDENT CAUSE (8)	I Want Kigh			
Jys	GIVING RISE TO THE ABOVE CAUSE DUE TO	Party Party			
Physicians:	STATING UNDERLYING CAUSE LAST.	1/2			
	(C) (M)/M/	soms is some the wir			
especially important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
ort	DISEASE OR CONDITION CAUSING DEATH.				
du	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
=	Changes C. I are all the Mitter Co. NO DESTONO DESTONO DESTONO DESTONO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTI				
>	104, 16 1 W. W. Liewell I wing your Day 1861				
[B]	21a. ACCIDENT WAS UNDERLYING \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	OF INJURY While While at work at work				
.53		2 1556			
age	22. I hereby certify that I attended the deceased from 1553., 19, to 12, 19, 19, that I last saw the deceased				
	alive on 1, 2 b, and that death occurred at 1, M, from the causes and on the date stated above.				
ct	SIGNATURE DATE SIGNED				
correct	M all well was	D. A.M			
00		RY OR CREMATORY LOCATION (City, town, or county) (State)			
	Burial 1/31/56 Fairview Co	emetery Frederick, Md.			
	REGISTRAR 30-56 Bessie M. Homberon	John T. Stewart 30 H Street, N.E.			
	100-56 Desig M. Knowlead	John T. Stewart 30 H Street, N.E.			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

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Item 7. FilmG192 2-7-56 et	2081 2081 111	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	ν .
CITY (If outside corporate limits, write HURAL and LENGTH OF STAY	Merulund	Montgomery
OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and given	'e nearest fown)
HOSPITAL OR	STREET (If give position)	X
INSTITUTION OR	STREET (If tural, give location)	/
DECEASED Change	(Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE just birthday I If under	1936
Male Colored WIDOWED, SINGLE, (Specify) Single	1/25/89 67 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY?
Laborer	Janay Spring, Meryland	4.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Presley Www.Rward.	Laumia Hill	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	. _ 0
no. service)	Emily I homes, Sandy Spri	ma, ma.
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
15 Timmediate cause (a) Moonday	ansoma	3 mas
Antecedent cause(s)	a Realem	165
Diseases or conditions, if any, (b)		1700
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
mme		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 2/10/	., 1953, to //29/, 1956, that I last s	
22. I hereby termy that I attended the deceased nonz	, 15, 10.1.1.181 8	aw the deceased
alive on 1/2(4/ 19.5.4 and that death occurred at	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS O	DATE SIGNED
111 Jano, Ma	and of Topols	430/56
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, of count	(State)
REMOVAL (Specify Cold / 1/50 ash M	Umorala & anni	Dung
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 1-31-16 Sertrude B. Lawler	beer & Anouselev'	West. A.

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DATE REC'D BY LOCAL

REGISTRAR

747 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00701

CERTIFICATE OF DEATH Reg. Dist. No. 2/6 2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: COUNTY MARYLAND (If outside corporate limits, write RURAL and give nearest fown) CITY(if outside/corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS (Middle) (Last) (Day) NAME OF DATE (Month) (Year) DECEASED (Type or Print) 19 DEATH: COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED Months Davs Hours (Specify): USUAL OCCUPATION (Give kind of) BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT 108. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: COUNTRY even if retired): Mund 13. FATHER'S NAME: MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION NTERVAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: AUTOPSY? 20. YES NO [21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while While OF TNJURY at work at work 1950 that I last saw the deceased to /... alive on 16 Dew 19/2 ., and that death occurred at 7/2 AM, from the causes and on the date stated above. SIGNATURE LOCATION (City, town. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY)

SIGNATURE

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VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—BALTIMORE, 18 00702

	Reg. Dist. No		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Montgomery MARYLAND	STATE D. C. COUNTY		
CITY (If outside corporate limits, write RURAL cin this place) OR and give nearest town) Rockville CITY (If outside corporate limits, write RURAL (in this place) (in this place) 21 days	CITY(If outside corporate limits, write RURAL and give nearest town or Town Washington		
HOSPITAL OR Brightview San. 90 STREET ADDRESS	STREET (If rural give location) ADDRESS3909 Huntington St. N.W.		
	(Last) 4. DATE (Month) (Day) (Year)		
DECEASED: FRANK Bradley	BELL OF Jan. 24 19 56		
Male 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. 7-10-	Monthal Days Wayne W		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Acct.	Virginia Virginia (State or foreign country): 12. CITIZEN OF WHAT		
Cornelius J. Bell	14. MOTHER'S MAIDEN NAME: Susan Bradley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Mrs. E.R.Clark		
(Yes, no, or unk.) (If Yes, give war or dates None	Daughter		
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ation maintion - 4 Mo. Italian with and welling 2/2 4/1. 20. AUTOPSY? YES NO [4]		
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY arrest, office bldg., etc.) 21c. WHERE DID (City or town), (County) (State)			
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
SIGNATURE	ADDRESS (LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR, 125/56 Lawell A. Junglors	24. FUNERAL DIRECTOR ADDRESS Robert a Simplify Bethesda, Md.		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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743	CERTIFICAT	E OF DEAT	H Reg.	Dist. No.		
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:		
COUNTY Montgomery	rict of Galumbi	8				
CITY (If outside corporate limits, writed and give nearest town) TOWN Rethesda R	(in this place)	° OR	orporate limits, write RUR	AL and give nearest tow		
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Nava	l Hospital	STREET ADDRESS	(If rural give local New Hampshire			
3. NAME OF (First) DECEASED: (Type or Print) Raymond	(Middle) Edward	(Last) BELL	4. DATE (Month) OF DEATH: Janu	(Day) (Year) ary 22 19 56		
5. SEX: 6. COLOR OR 7. SING RACE: WID White (Spec	OWED, DIVORCED.	-28-83	. AGE last birthday Month	as Days Hours Mi		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineering	108. KIND OF BUSINESS OR INDUSTRY: Management	Conn.	tate or foreign country):	12. CITIZEN OF WH COUNTRY?		
George C. BELL		Mary E. HUE	RBULT			
(Yes no, or unk.) (If Yes, give war or day of service)	tes Unknown	Wife Mrs. Da				
	18. MEDICAL CERTIFIC	ATION		INTERVAL BETWE		
18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO OUT TO O						
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Corona	of thomle	ri.	sinnedial		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	ocuración hear	Dinane 3 yrs				
19a. DATE OF OPERATION: 19B. MA.	JOR FINDINGS OF OFERATI	ON		20. AUTOPSY		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while						
21D. TIME (Month) (Day) (Year) (Hou OF INJURY	JURY OCCUR?					
22. I hereby certify that I attended the deceased from 16 Jan, 1956, to 22 Jan, 1956, that I alive on 23 Jan 1956, and that death occurred at 1:30P M, from the causes and on the dissignature ADDRESS B. S. YURICK 1776, MS USN U. S. Naval Hospital, NNMC, Bethesda, Marylar						
23. BURIAL, CREMATION, DATE THE REMOVAL (SPECIFF)	REOF NAME OF CEME	tery or crematory l Crematroy	Suitland, Mar	n, or county) (Sta		
DATE REC'D BY LOCAL REGISTR. REGISTRAR 24 Jan 1956	AR'S SIGNATURE	Chambers Fl		ADDRESS		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

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1		J OI DESILIE	g. Dist. No
5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:
	M + + 0		M +-
מא	COUNTY ONT GOMETY MARYLAND	STATE OTU AND COUNTY	TUPAL and sive person town
3	OR and give nearest town) CITY (If outside corporate limits write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write R	ORAL and give hearest town
all	17 TOWN Takoma Park, Md. D.O.A.	TOWN 1113 Lancaster R	d. T. Park, Md.
>	HOSPITAL OR	STREET (If rural give)	location)
7	INSTITUTION OR	ADDRESS TAMANA FA	RK,
21	99 STREET ADDRESS Washington Sanitarium + Hospi		
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)) (Day) (Year)
2	DECEASED: (Type or Print) Mason Herbert 1	Black DEATH:	- 18 1956
3	5. SEX: 6. COLOR OR 7. SINGLE, MARKIED, 8. DAIL	OF BIRTH: 9. AGE last birthday IF	UNDER I YEAR IF UNDER 24 HRS
5	MACE: WIDOWED, DIVORCED, SOLT	. 8, 1902 53 yrs. Mo	onths Days Hours Min.
2	Male Cauc (Specify): Married Sept	11. BIRTHPLACE (State or foreign country) - 160 O
27	OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country	COUNTRY?
× /	even if retired ass worker Burian of Standards	Mahoning, Jennsylvar	
U	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
3	11-1 - 1 - 21 -1.	Flora Cross	
2	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.		= 0
W	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: /// 3 /	
0 0	of service)	Mrs Edith H. Black Takon	ma lark, Md.
20	18. MEDICAL CERTIFICAT		INTERVAL BETWEE
id	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
	420.1 Ante Co	Heast Disease	30 Min.
2	MMEDIATE CAUSE (A)	100000	30 11.10.
SICIAIIS	ANTECEDENT CAUSE (S)	11- 1	
S	DISEASES OR CONDITIONS, IF ANY, (B) Consum	Mast Ulsease	8 grack.
G	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
4	(C)		
1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
2	TO THE DEATH BUT NOT RELATED TO THE		
0	DISEASE OR CONDITION CAUSING DEATH.		
E	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
	0		YES NO
31	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact		(County) (State)
CI CI	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
sb	TIME (Worth) (Part) (Voca) (Hours) 215 INTURY OCCURRED	21F. HOW DID INJURY OCCUR?	
e l	OF INJURY M. While Not while at work at work		
133		43/ 10 74 12 12	
96	22. I hereby certify that I attended the deceased from	, 19 76, to 8 J 7 , 19 5, that	t I last saw the decease
त	alive on Dec. , 19575, and that death occurred at	8 A M, from the causes and on the	e date stated above.
ct	SIGNATURF	ADDRESS 704	DATE SIGNED
rre	1999 Culles	ADDRESS ADDRESS ADDRESS	UK 18 JAN 1956
000		ERY OR CREMATORY LOCATION (City,	town, or county) (State

MARGIN RESERVED FOR BINDING UNFADING INK. OR WRITE PLAINLY, WITH TYPE PLEASE

Supply every item of information carefully.

10 - 53 A15 VS.

REC'D RY LOCAL

Coconer, Montgomen county natified out permission granted for me to issue flus certificate

Alla Certificate

Alla Certificate

BUREAU V. S.

IN SS MAL

DECEIN

•	WRITE PL
	OR
10 - 53	TYPE
A15 —	PLEASE
S S	P

MARYLAND S	STATE DEPARTMEN	T OF HEALTH—BALTIN	MORE, 18 00706
750	CERTIFICATI	E OF DEATH	Reg. Dist. No. 216
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME.)	OF DECEASED:
COUNTY MONTGOME	MARYLAND	STATE D'C. CO	UNTY
CITY (If outside corporate limits, writ	e RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, OR TOWN	write RURAL and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS	an Hospital	STREET ADDRESS 3725 W	a comb NU
B. NAME OF (First) DECEASED: (Type or Print)	(Middle)	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX: 6. COLOR OR 7. SING	WED, DIVORCED.	OF BIRTH: 9. AGE last birt	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		11. FIRTHPLACE (State of foreign	country): 12. CITIZEN OF WHAT
3. FATHER'S NAME:	/	14. MOTHER'S MAIDEN NAME:	U.
JACOD U	reisons tok	YANNIE	- LOUNG
S. WAS DECEASED EVER IN U.S. ARMED FORCE: Yes, no, or unk.) (If Yes, give war or date of service)		Miss JEANE HE E	Plitslein- Word
I DISEASES OR CONDITIONS DIRECTIONS DIRECTIONS OF THE CONTROL OF T	18. MEDICAL CERTIFICAT LY LEADING TO DEATH (A)	. 1.	INTERVAL BETWE
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE		
	OR FINDINGS OF OPERATION	N	20. AUTOPSYT
	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or to etc. INJURY OCCUR?	
IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) DF 'INJURY M.	O 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUI	₹7
22. I hereby certify that I attended alive on	/	4:0 P M, from the causes and	
As Jose/sh Kimie		110 - 2	Betterla Ind. 1/9/5 (City, town, or county) (Sta
DATE REC'D BY LOCAL REGISTRA REGISTRAR 1/0/57		24. FUNERAL DIRECTOR SH. Hanges Car 290	ADDRESS ADDRESS TO What.



OBVIESE NAL

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE	18	0.0

CERTIFIC	ATE	OF	DEA	TH

Reg. Dist.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Montgomery MARYLAND	STATE Maryland county Howai	rd
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	
OR and give nearest town) (in this place) TOWN Olney l day	or Town Clarksville	13x-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General, Inc.	STREET (If rural give location) ADDRESS	V
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (D	ay) (Year)
(Type or Print) Henrietta Katherine Boa	ardley DEATH: January	
RACE: WIDOWED, DIVORCED,	uary 2. 1901 54 yrs.	Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. (COUNTRY?
even it retired): housewife	Maryland	USA
13. FATHER S NAME:	14. MOTHER 3 MAIDEN NAME.	
Henson Dorsey	Inez Gardner	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital records	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	bral Accident	24 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/4, alive on 1/5/56, 19, and that death occurred at SIGNATURE SIGNATURE. A.O.	4:25P M, from the causes and on the date s ADDRESS DAT.	tated above. E SIGNED
	ERY OR CREMATORY LOCATION (City, town, of	

DECELVED

AL NAL NAL S. Y. S. S. WASANA

1.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	00708
Item 9, FilmG193	2-27-56 et				00000

752 CERTIFICATE OF DEATH

Reg. Dist. No. 217

• 0 7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give nearest tow OR TOWN Silver Spring
HOSPITAL OR	STREET (If rural give location)
73 STREET ADDRESS Montgomery County Gen., Inc.	ADDRESS Rt. #2
DECEASED:	A. DATE (Month) (Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday 79 78 yrs. 15 UNDER 1 YEAR 15 UNDER 24 HR Months Days Hours Mir
Male W. Speciny): WIGOWEG I. OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	ri. Birthplace (State or foreign country): 12. CITIZEN OF WH. COUNTRY? Virginia
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Bolden	Lou Ingraham
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	is Seon 14 mar
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
0 6 6	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
	M. 33M, from the causes and on the date stated above. ADDRESS DATE SIGNED 1/1/56
23. BURIAL, CREMATION DATE THEREOF REMOVAL (SPECIFY) 1-17-56 NAME OF CEMETE ROCK CREE	K Cemetery Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 SQUERAL DIRECTOR 254 CANDRESSEL

VS. A15 - 10 - 53

DECEIVED

BUREAU V. S.

MARGIN RESERVED FOR BINDING

A15 - 10 - 53

VS.

FULL	753 CERTIFICATI	E OF DEATH Reg. Dist.	No. 215
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
carefull legibly.	COUNTY Montgomery MARYLAND	STATE District of Columbia	
	CITY (If outside corporate limits, write RURAL or stay and give nearest town) Rural LENGTH OF STAY (in this place) 100 3 days	CITY(If outside corporate limits, write RURAL a OR TOWN Washington, D.C.	nd give nearest town)
item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 3114 16th Street, N.	•E• \
m of in death c	DECEASED: Robert Stewart	BONAR OF January	22 (Year) 22 19 56
	Male White (Specify): Married 3-6-9	92 yrs.	ays Hours Min.
Supply every te the causes	work done during most of working life, even if recently Service U.S. Government	Vashington, D.C.	COUNTRY?
ipply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Sup se t	Robert BONAR	Elizabeth MC KERICHAR	
Wri	(Yesyng or unk.) (If Yes, giver war or dates of service) WW I None	Son Mr. Robert S. BONAR Jr. Same as above	
NG IN	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
DI	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAMBOIATE CAUSE (A) DUE TO	a	2 months
WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	n nephoschrosis	approx I year
. 5	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in a Curdiovascular disea	of opprox h
24	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
न ह	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
D 70	OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
PE OI	22. I hereby certify that I attended the deceased from 19 I alive on 22 Jan 19 56, and that death occurred at SIGNATURE 11. S. Willeuter 12.	Dec, 19.55, to 22 Jan, 1956, that I last 9:05AM, from the causes and on the date and DAT	
	M. D. WILLCUTTS JR LTJG, ME USNR U. S. Nam	val Hospital. NNMC. Bethesda. M	aryland
02	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
PLEA	Burial 25 Jan 56 Arlington No.	ational Cemetery Arlington, V	
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1956 DAY 15. FAMELUM	fines Fuller archome 2901 14th Street, N.W. Washin	address
	22 Jan 1956 Marche. Farrelly	- CAAT TANT DOTCE OF TIELL MORNING	0

. i. in the contract of the second of the se

A Commence of the commence of

BUREAU V. S.

det 78 MAL

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? TIS Father LCDR James W. BOWEN USN INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO F (County) (State) 1956, to 31 Jan, 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from 29 Jan 1956 , and that death occurred at 1:00PM, from the causes and on the date stated above. SIGNATURF-DATE SIGNED Traward al asson Howard A. PEARSON LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION, (State) REMOVAL (SPECIFY) 2 Feb 1956 Arlington National Cemetery Burial Arlington, Virginia 24. FUNERAL DIRECTOR
W. E. Pumphrey Funeral Home
Georgia Avenus, Silver Spring, Md. REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY LOCAL REGISTRAR 1 Feb 1956

(Day)

(Year)

Hours

囯 TYP] PLEASE 500 W

LEB 6 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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neg.	DIST.	TAO.	

	CERTIFICATI	E OF DEA	TH Reg	g. Dist. No. ava
1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DE	CEASED:
COUNTY MONYGOMERY	MARYLAND	STATE //	d. COUNTY	Mont.
CITY (If outside corporate limits, write				URAL and give nearest town)
OR and give nearest town)	(in this place)	OR	0	order of the second
TOWN Betteesda	ledays lotton	5 TOWN	JOCK0111E	26
HOSPITAL OR		STREET ADDRESS V	(If rural give l	ocation)
STREET ADDRESS Suburban	i Wospital	ADDRESS	ormandy	Hrms '
NAME OF (First)	(Middle)	(Last)	4. DATE Month	(Day) (Year)
DECEASED: (Type or Print) JAMES	6	SROWN .	OF DEATH:	- 13 1956
. SEX: 6. COLOR OR 7. SINGLE		OF BIRTH:	9. AGE last birthday IF	
RACE: WIDOW	ED, DIVORCED,	- 5 17 1	Mo Mo	nths Days Hours Min.
Male Colored (Specify	WIGOWYKI 6-	23-115	80 yrs.	
	OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE	(State or foreign country	12. CITIZEN OF WHAT
work done during most of working life, even if retired)	OR INDUSTRY:	Morth	(Am/raa	COUNTRY
B. FATHER'S NAME:		14. MOTHER'S N	AIDEN NAME	4.5.7
PATRICIA NAME:		MOTHER'S R	/	
UNKNOWN		UNK	nowN	
WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	carmad . Fore
les, no, or unk.) (If Yes, give war or dates	THE STREET WERE	me AB	1.55 . 12.1.1	MININEY THINKS
UNK. of service)		1//11. 17.42	735611717	KOCKOINE, MO.
	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATH
581,0	and:	del		15
IMMEDIATE CAUSE	(A) Cardin	c genera	۷	10 min
ANTECEDENT CAUSE (8)	DUE TO	, 1)	1.1	
ISEASES OR CONDITIONS, IF ANY,	(B) _ (sant	Dance.	appis	1 Week
IVING RISE TO THE ABOVE CAUSE	DUE TO			
TATING UNDERLYING CAUSE LAST.	100 -	1.41	0	
OTHER SIGNIFICANT CONDITIONS C	(C) Zmd	U. mun	4	
TO THE DEATH BUT NOT RELATED TO		2 1	. / -	000
DISEASE OR CONDITION CAUSING	DEATH	arrivos	uccoss	- budy
A. DATE OF OPERATION: 198. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOHSY?
				YES NO D
A. ACCIDENT WAS UNDERLYING 2 CONTRIBUTING CAUSE OF DEATH 0	18. PLACE (Home, farm, fac OF INJURY street, office bldg.	ctory. 21c. WHERE	DID (City or town)	(County) (State)
F EITHER, NOTIFY MEDICAL EXAMINER)				
ID. TIME (Month) (Day) (Year) (Hour)	While Not while	D 21F. HOW DID	INJURY OCCUR?	
F INJURY	at work at work			
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10/105/: 1	1 13 105/12	7 land warm 4b - Janes - 1
2. I hereby certify that I attended t	he deceased from/.7	d., 192.5., to /	//	I last saw the deceased
alive on ///3/, 1937, an	nd that death occurred at	t 4:01 AM, from	the causes and on the	e date stated above.
SIGNATURE		ADDRE		DATE SIGNED
A Killer Ih	tone -	M.D. Kest	willing had	1/13/16
3. BURIAL, CREMATION, DATE THERE	1,	TERY OR CREMATOR		town, or/county/ (State)
REMOVAL (SPECIFY)	C6 1 0.	(1) h	Karley	Leiven &
Curic 17-16-	o ructu	· vaire,	- June	0100
	'S SIGNATURE	24. FUNERAL	DIRECTOR	ADDRESS
REGISTRAR - 56 19 19 19 19 19 19 19 19 19 19 19 19 19	n. long bean	Kahee	L' munde	wenther

VS. A15-10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The



BUREAU V. S.

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THE REPORT OF THE PARTY OF THE

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orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 473
e e	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
carefully. Thank and legibly.	COUNTY MARYLAND	STATE MARY AND COUNTY MAN	gamery
lly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest lown) (in this place)	CITY (If outside corporate limits write RURAL and	give nearest town)
d le	TOWN 1 2 Ko by 12rt 1. D. U.	TOWN Silver Spring	56
an	HOSPITAL OR INSTITUTION OR INSTITUTI	STREET (If rural give location)	
ion	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	r) (Year)
information leath clearly	DECEASED:	OF DEATH	19 <7
E		E OF BIRTH: 9. AGE last birthday: IF UNDER 1	
infordeath	male Caucasian (Specify): Single-	', - y o, / ', yrs.	ays Hours Min.
70 44	10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
item ses	even if retired):	14. MOTHER'S MAIDEN NAME:	M.S.U.
	13. FATRERS NAME:	11	
y every the cau	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	.brd 2.2
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Steplother - Inr. Simon	5-2206 arcal
Suppl		AL CERTIFICATION	INTERVAL BETWEEN
V V	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
INK.	Immediate cause (a) Hamorthage -	Massive. internal.	15 min .
CA ₁	DITE TO	ectures of Pelvis + Rt Feme	2
ADING icians:	Diseases or conditions, if any, (b) Connorth (120)	22/0/63 8/ /2/0/3////	13/11/
FAJ	giving rise to the above cause DUE TO stating underlying cause last (c)	- 17 T	15Min
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
WITH ortant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☑ No □
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	Silver SPring Montger	(State)
NA.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
PLA	INJURY M. work at work	Auto accident.	T
	22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [], Acci	ident & Suicide \square . Homicide \square . Undete	, inquiry □, and rmined cause □.
WRITE ge is es	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
WE	John S. Ball	M. D. ASSISTANT MEDICAL EXAM.	- 1 Jan / 956
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	o The second	ounty) (State)
-	Burgal MUN. T 190 Will nas	Cenelary +1 - Music	, ray
EJ P	DATE REC'D BY LOCAL / BEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()0713

758 CERTIFICAT	E OF DEATH	Reg. Dist. No. 218
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	() Th. T=
COUNTY / NOW A MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STATOR) OR and give nearest (bwn) (in this place)	STATE CITY (If outside cornerate limits, OR TOWN	write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brookenell, C.7:0#1	STREET ADDRESS kenlle	R.T. D#1
3. NAME OF DECEASED: (Type or Print) 5. SEX: 5. COLOR OR (A SINGLE, MARRIED, 8. DATE	kley OF DEATH:	Month) (Day) (Year) Au. 17 19 56 av : If under 1 Year IF under 24 Hrs.
Temple Colvel WIDOWED, DIVORCED, Mar 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OF	ch 15, 1854 101 ,	rs. Months Days Hours Min.
work done during most of working life, even if retired) working life, even if retired life. 13. FATHER'S NAME:	Many Caud	COUNTRY!
Richard Dliggs	Janue - 1 7. ANFORMANT & ADDRESS: 1	inknown
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICAT	Laura Howard, K	F.F. D.#
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last, (b) DUE TO (c)	britic cardinosculo	Interval Between Onset And Death & Oylan.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	id methitis	15ylars
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	et, (CITY OR TOWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
alive en and 16, 1956, and that death occurred at	from the causes and ADDRESS MA	d on the date stated above. DATE SIGNED
Bruta (Specify) 1-21-56 Howard	d chokel unit	City town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Potent E. Survilen	- Rebulle, Md -

BUREAU V. S.

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BECEINED

757MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 714 CERTIFICATE OF DEATH

CHITICATI	deg. bist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
X TOWN Bethesda 13 years	TOWN Bethesda X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8614 Lancaster Drive	STREET (If rural give location) 8614 Lancaster Drive
of Milling of	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: January 10, 19 56
	OF BIRTH: 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Pennsylvania USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown Margaret L
15. Was Deceased Ever in U.S. Armeo Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) NO NO NO NO NO NO NO NO NO N	Daughter- 8614 Lancaster Dr. Beth Md
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	ary Thrombosis
ANTECEDENT CAUSE (S)	10-4
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Derlagion
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1, 19.55, to cre 10., 19.56, that I last saw the deceased
alive on, 1933, and that death occurred at	ADDRESS ADDRESS ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	D. 6450 Wisconsin Ave. Beth. Md 1/10/56 ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 1-12-56 Ft.Lincol	n Prince Georges Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROPERTY AND PR	124) FUNERAL DIRECTOR . ADDRESS . Md. (Lumphry Bethesda Md.

S. V UALAUS

DECENAED

-16-56

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

753

CERTIFICATE OF DEATH

00716

Reg. Dist. No. 216

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	SED
COUNTY Montgomery	MARYLAND	STATE Marylan	d county	Montgomery
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (il outside corporat	e limits, write RURAL and give	
OR and give neers! town) **TOWN Bethesda	(in this place)	OR TOWN Silver	Spring	56
HOSPITAL OR	1 29 44,0	STREET	(If rural give locat	
NSTITUTION OR Suburban Hospital		ADDDECC	vena Street	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) CLARA	MARTIN	CALL	DEATH JAN.	17 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRI	ED, 8. DATE C	OF BIRTH 9.	AGE last birthdey IF Ut	NDER 1 YEAR IF UNDER 24 HRS
Female White Specify ide	owed Feb. 2	9, 1884	71 yrs. Mont	hs Days Hours Min.
	ND OF BUSINESS	11. BIRTHPLACE (Steta or foreign	country)	12. CITIZEN OF WHAT
	home	Greensboro, Pe	nnsylvania	U.S.A.
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA		
George F. Martin		Ann Blosser		
	. SOCIAL SECURITY NO.	1 17. INFORMANT & ADI	DDECE	
(Yes, no, or unk.) (If Yas, give war or datas of service)	none		Labin, 2604	
	18. MEDICAL CER	TIFICATION	Silver S	PT I THE PART BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	1 1 1		ONSET AND DEATH
420. IMMEDIATE CAUSE (A)	orman	1 access	ein uu	4
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	myol	ardial &	refaretin	1 / week
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	e,	0: -00,3	all Color	111101
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Vanna	my un	and garage	ers in grang
TO THE DEATH BUT NOT RELATED TO THE				U
DISEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION	The state of the s		20. AUTOPSY?
78. DATE OF OTERATION	OF OFERATION			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. Whi	INJURY OCCURRED le Not while ork et work	21f. HOW DID INJURY OCCUR?		
	4 /	10 500 500 1 1	15/105/1	
22. I hereby certify that I attended the dece			, ,	
alive on	that death occurred at			
SIGNATURE	,	ABBRE	SS (Street, city, town, slele	DATE SIGNE
Alux tille	M.D. /	1301 Tes	orgra une	1/1/1/3
23. BURJAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town, or co	
Trans. & Burial 1/19/56	Greenmount C	emetery	aynesburg, Gr	eene co., ra.
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	-	25. FUNERAL DIRECTOR'S SIG	GNATURE	ADDRESS
1-19-56 B - Sm /	0 /000	YIMMAN & TO	843	4 Ga. Ave.

SERVE AND SE USE DEPARTMENT OF HALLIN-BALVIMORE, TO

CERTIFICATE OF DEATH

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Charaged to the one and	OF THE RESIDENCE		100 33347
the present the post of the same		A Secondary	
Elek Sev.			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Mic
MUDICAL	MARWINERS	CERTIFICATE	Ur	DEATH	No.

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 215
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) Sethesda Rural Minutes	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural, give location) ADDRESS 15 Paca Place
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mary Lee C	(Last) 4. DATE (Month) (Day) (Year) OF DEATH January 17 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None	Maryland US
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael J. CARLIN	Leah SHINKLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of NO service) ————————————————————————————————————	Father Capt Michael J. CARLIN USAF Same as above
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	a, solersteluse detemb
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ⊠ No □
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc. INJURY	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes & Acciesignature Signature Shorthart 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER	bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or county) (State)
Date Recd by Local Registrar's Signature 1866 an 1956 have 6. Family	7557 Wisconsin Ave., Betnesda, Md.

Dericated Torontal Selection Conville

U. S. (a. a. Noupitol William Collins C

BUREAU V. S.

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H.		739 CERTIFICATE OF DEATH Reg. Dist. No.
carefully legibly.		1. PLACE OF DEATH
careful legibly		COUNTY Thrulgonery MARYLAND STATE THE COUNTY Morleguene
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN
		HOSPITAL OR INSTITUTION OR STREET ADDRESS 240 N. Washington St.
		3. NAME OF (First) (Middle) Caroll 4. DATE (Month) (Day) (Year) OF DECEASED: (Type or Prince OF DEATH: Make y 23 19 56
it it		5. SEX: 6. COLOR OR 7. SINCLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 FEAR HOURS Min. Permale Colored (Specify): WIDOWED, DIVORCED. Opin 25/8/14 8 yrs. Wonths Days Hours Min.
NG every	1	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY: OR INDUSTRY: OR INDUSTRY: OR INDUSTRY:
R BINDING K. Supply ev		James W. Carroll Morgaret E, Morris
X X		15. WY DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADBRESS: Propose - Prockvelle, 71.
		18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH
RESERVED UNFADING		446X Que Del Ti
SEI FA		IMMEDIATE CAUSE (A) White work in being are lon 2 works
RESE UNF.		DISEASES OR CONDITIONS, IF ANY. (B) Hypertankin Geterioschor 1948
GIN		GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Chrome Nothing Without edges 1948
MAR AINLY, W		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gall fladder of Hepatilis
PLAINLY	1	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
- 3	171	No No No
WITE PI	1000	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 100 (City or town) (County) (State) 100 (City or town) (County)
		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work
0	90	22. I hereby certify that I attended the deceased from May 4, 1970, to 2012, 1970, that I last saw the deceased
50 C	oliect a	alive on James, and that death occurred at 5.71. M, from the causes and on the date stated above. ADDRESS DATE SIGNED 1.7.5.56
PLEASE	100	23. QURIAL CREMATION, DATE THEREOF, NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State)
PL.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1/25/56 Lawell J. Jungling When L. Sworden - Rockville, W

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VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00719

7. The	761 C	ERTIFICATI	E OF DEATH	Reg. Dis	st. No. 2/6
ully.	1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASE	ED:
carefull legibly.	COUNTY Mon & amery	MARYLAND	STATE WELL	COUNTY	
tion ca	COUNTY CITY (If outside corporate limits, write RUF OR and give nearest town) TOWN	RAL LENGTH OF STAY (in this place)		rate limits, write RURAL	and give nearest town
orma	HOSPITAL OR INSTITUTION OR STREET ADDRESS NAT'L IN	st. Health	STREET ADDRESS	(If rural give location	. /
m of inf death cl	3. NAME OF (First) DECEASED: (Type or Print) Charles	Daniel C	larp	OF DEATH: Jan	(Day) (Year) 2 1956
y iten	(Specify)	ARRIED, B. DATE	21-37	/ y/s.	Days Hours Min.
y every causes	work done during most of working life, even if retired): Student	KIND OF BUSINESS OF INDUSTRY:	Virginia	offoreign country): 12	COUNTRY?
ippl;	13. FATHER'S NAME:		Louise Kess		
K. Su write	Charles F. Clark	6. SOCIAL SECURITY NO.	17. INFORMANT & AD		
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)		Mother -		
G I	18.	MEDICAL CERTIFICAT	ION		INTERVAL BETWEE
DIN :	I DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH A) _ asphu	Nia	5	ONSET AND DEAT
NF		E TO			A
	GIVING RISE TO THE ABOVE CAUSE DIT	E TO	psy		lyr.
\vdash	STATING UNDERLYING CAUSE LAST.	c) /			
	II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEA	E			
3 3	19a. DATE OF OPERATION: 19B. MAJOR FI	NDINGS OF OPERATION	•		20. AUTOPSYT
WRITE PI especially	OR CONTRIBUTING CAUSE OF DEATH OF IN	PLACE (Home, farm, fact NJURY street, office bldg.,	etc. INJURY OCCUR?		nty) (State)
> m	OF INJURY M. a	TE INJURY OCCURRED While Not while twork at work			
SE TYPE OR	SIGNATURE VENOU N. W.	hat death occurred at	A.M., from the canada ADDRESS	auses and on the date	stated above. ATE SIGNED 2 1956
PLEASE cor	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) Burial - Transit 1/2/56	/ Fairview	Cem.	Roanake,	Va.
Р	DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE	24. FUNERAL DIREC	CTOR	ADDRESS



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TO SHALL S. ROLL OF

762 CERTIFICATE		No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
county Montgomery MARYLAND	STATE Virginia COUNTY Alexa	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL as	
X TOWN Bethesda 11 days	TOWN Alexandria	83×_3
HOSPITAL OR INSTITUTION OR The Clinical Center Sostreet Address Bethesda 14, Maryland	ADDRESS 301 East Glebe Road	
	05	25, 19 56
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YI	EAR IF UNDER 24 HRS. Rys Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Calvin Kennedy	Mary Burgess	
S. WAS DECEASED EVER IN U.S. ARMEO FORCEST 15. SOCIAL SECURITY NO. (Yes, no or unk.) (If Yes, give war or dates of service) Not available	17. INFORMANT & ADDRESS: The Medical Record, The Clini	cal Center
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S)	yelocytic Lubernia	INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)	0	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. alive on Jan. 25, 1956, and that death occurred at SIGNATURE	AM, from the causes and on the date s ADDRESS DAT D. The Clinical Center, NIH, Beth	stated above
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ADDRESS DAT	les(

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE OR WRITE

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MARGIN RESERVED FOR BINDING

763 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFI	C	ATT	OF	DEA	TH
	1	A			

RE, 18 00721

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMENY MARYLAND	STATE Maryland COUNTY Maxtgamery
CITY (If outside corporate limits, write RURAL OR and rive nearest town) TOWN TOWN	CITY(If outside exporate limits, write RURAL and give nearest town) OR TOWN accuse
HOSPITAL OR INSTITUTION OR THE STREET ADDRESS Suburban	STREET (If rural give location) ADDRESS ### ### 3
DECEASED: (Type or Print) William Henry Cape	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: / - 3 1956
male RACE: WIDOWED, DIVERCED, 2-	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (10B. KIND OF BUSINESS OR/INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Salton Capeland	14. MOTYER'S MAIDEN NAME:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Fucille Capeland - daughter
DUE TO	vascular accident 4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	sclerosis years-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	7.15 PM, from the causes and on the date stated above. ADDRESS DATE SIGNED 1. D. Bethesse Mcl / 4/56
23 BURAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1915 Busine M. Hompson	Coker L. Surveden - Robertshille



is especially important. Physicians:

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VS. A15 - 10 - 53

002	CERTIFICAT	E OF DEA	TH Reg. Dis	t. No. 215
1. PLACE OF DEATH:		2. USUAL RESI	DENCE (HOME) OF DECEASE	ED:
COUNTY Montgomery	MARYLAND	STATE Dis	strict of Columbia	
CITY (If outside corporate limits, write R OR and give nearest town) TOWN Bethesda Rura	(in this place)	' OR	e corporate limits, write RURAL shington, D.C.	and give nearest town 47x-3
HOSPITAL OR INSTITUTION OR 5 STREET ADDRESSU. S. Naval HO	ospital	STREET	(If rural give location to Fairmont Street))
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) William	Eugene COI	RDELL	DEATH: January	3 19 56
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify)	D DIVORCED	OF BIRTH:	9. AGE last birthday Months Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if 1604): Refinisher	s. KIND OF BUSINESS OR INDUSTRY: Maintenance	Washingto	(State or foreign country): 12	CITIZEN OF WHAT
13. FATHER'S NAME:	DE 185 1852 TO 1	14. MOTHER'S	MAIDEN NAME:	
William CORDELL		Lucy RYAI	4	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I	Unknown	Same as a	GARCESP. CORDELL	
	8. MEDICAL CERTIFICA			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE	(A) Branchop	NEUMONIA	1	Iweek
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(B) BRONCHOS	tenosis, le	H MAIN STEM	8 mos. +
STATING UNDERLYING CAUSE LAST.	(c) Bronchoge	, ,	oma NICHASTASE	5 8mos. +
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE OH OVER	C/CROSIS, V	N'idespread	20+4RS.
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 210 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.	etory, 21c. WHERE INJURY OCC	DID (City or town) (Cour	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID	INJURY OCCUR?	
W. B. INGRAM CDR. MC. USN	that death occurred at	M, from	the causes and on the date	stated above. TE SIGNED
Burial (specify) Burial 6 Jan 19		National Ceme		
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S Jan 1955	6. ranelle		ESFineral Home Street, N.W. Wash	ADDRESS

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76 MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
000	-		-		

CERTIFICATE OF DEATH

E, 18 00723 eg. Dist. No. 215

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Montgomery Maryland	STATE Kentucky COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda Rusal LENGTH OF STAY (in this place) 31 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison 55 x 3			
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS			
DECEASED: (Type or Print) Christinia Agnes	COTTON 4. DATE (Month) (Day) (Year) OF January 29 56			
Female White Specify: Married 4-	12-16 9. AGE last birthday IF UNDER 1 YEAR Hours Min.			
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Housewife	New Hampshire 12. CITIZEN OF WHAT			
13. FATHER'S NAME: Harold CLOUGH	Harriett BILBRUCK			
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Husband Carl W. COTTON Same as above			
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ic carcinomo of pleus. 20 days,			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 35 January 1956 Cartain operation	1 de la constitución de la const			
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)			
	21F. HOW DID INJURY OCCUR?			
OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work at work	ZIF. HOW DID INSURT OCCUR.			
OF INJURY M. While at work at	10:50 to 29 Jan , 19 56 that I last saw the deceased 10:50 f, from the causes and on the date stated above. ADDRESS DATE SIGNED ital, NNMC, Bethesda, Maryland			
OF INJURY M. While at work at	10:50 to 29 Jan 19 56 that I last saw the deceased 10:50 ft, from the causes and on the date stated above. ADDRESS DATE SIGNED 14al, NNMC, Bethesda, Maryland ERY OR CREMATORY LOCATION (City, town, or county) (State)			

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BUREAU V. S.

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Olin L.

Molesworth, Damascus, Md.

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REGISTRAR

sest e NAL

PLUE L. HOULD EWOTTEN. INCHARLANCE

17 Brother Mr ADDRESS CROUSE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO T (City or town) (County) (State) 22. I hereby certify that I attended the deceased from 15 Sept, 1955, to 17 Jan, 1956, that I last saw the deceased age , and that death occurred at 7:50PM, from the causes and on the date stated above. 56 alive on .. SIGNATURF . Naval Hospital, NNMC, Bethesda, Maryland F. W. MYER CDR. LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY BUTTAT (SPECIFY) Columbiana Cemetery Columbiana, Ohio 21 Jan 1956 R4. AUN Frimphre & Puneral Home REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY LOCAL 186月11956 7557 Wisconsin Avem, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

Reg. Dist. No.

(Day)

Days

Months

(Year)

IF UNDER 24 HRS.

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V +		MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 00726.				
KF		Items 875 Film G199 7-10CERTIFICATI	E OF DEATH Reg. Dist. No. 216				
Il y	ly.	1. PLACE OF DEATH: Ken wood	2. USUAL RESIDENCE (HOME) OF DECEASED:				
carefully	legibly.	COUNTY Montcomery MARYLAND	STATE Md COUNTY Montgomery				
	and le	CITY (If outside corporate limits, write HURAL OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give near st town) OR TOWN Ken wood				
nati		HOSPITAL OR	STREET (If rural give location)				
orn	information h clearly and	INSTITUTION OR 5331 Chamber In Ave.	5331 Chamberlin Ave				
in			(Last) 4. DATE (Month) (Day) (Year)				
l of	death	(Type or Print) Judson Thomas Cu	Jr. OF DEATH: 1 - 29 1956				
item	of	Male Color or 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify) Single 10 -	OF BIRTH 882 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.				
rG every	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?				
oin ply	the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
BINDIN		Judson Thomas Cull	Mary M Lanohana				
	write	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war, or dates	17. INFORMANT & ADDRESS: 5331 Chamberlen Au				
RVED FO. DING IN		No of service) None None	Florence Coll Kenwood, Md				
		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH				
ESEI	ans	IMMEDIATE CAUSE (A) DUE TO	1 + 1/1				
	Physicians	DISEASES OR CONDITIONS, IF ANY. (B)	eclerate (Cedneys.				
ARGIN		STATING UNDERLYING CAUSE LAST. (C)	ed artemascherhan				
MA AINLY, V	important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Atexas Corpeting Ment Films				
3	mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
PLA		0	YES NO NO				
	especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?				
WRITE	is esp	OF INJURY	21F. HOW DID INJURY OCCUR?				
OR	a	22. I hereby certify that I attended the deceased from No.J.	12, 1955, to Jan 24, 19 56 that I last saw the deceased				
10 - 53 TYPE	ect ag	alive on Jon. 28, 19.55, and that death occurred at / of A. M, from the causes and on the date stated above. SIGNATURE DATE SIGNED					
- 10 SE T	correct		D. 3329-0-St. N.W. Wash De. 1-29-56				
70 €	C	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)				
S. A1 PLE		Cremation 1-30-56 Cedar Hill	Cemetery Suitland, Maryland ADDRESS ADDRESS				
VS.		REGISTRAR 31-56 Bessei M. Hornk and	Bethesda, Md.				

FEB 3 Toos DECENAED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00727

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED			
MARYLAND MARYLAND	STATE			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN (in this place)	TOWN USandinates D. C. 11			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR STREET ADDRESS Supurban Naspelal	ADDRESS 3/20 alones At n. b)			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) William Clauxcy Cu	nningham DEATH 1 - 15 - 1956			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.			
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual	9-16-88 67 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even if retired) INDUSTRY Retired	Luxas Compress A			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.			
James & Curinalam	Nenritta manlore			
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS			
(Yes, no, or unknown) (If yes, give war of dates of service)	allis Generales () ()			
18. MEDICAL CEI	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH			
111/1/2	1- + F'			
Immediate cause (a) Congestive	teart Failure 15mos.			
Antecedent cause(s) Diseases or conditions, if any, (b) Healed Bac	derial Endocardisis 17 mos			
giving rise to the above cause				
stating the underlying cause last	Heart Disease years			
11. OTHER SIGNIFICANT CONDITIONS	Venis Nizeaze			
Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	You D No			
21. ACCIDENT (Specify) SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY m, Work At work				
4				
22. I hereby cortify that I attended the deceased from Au.	, 1955, to G. M. J. J., 1956, that I last saw the deceased			
alive on Jan 15, 19:56, and that death occurred at 5	m. from the causes and on the date stated shove			
SIGNATURE Degree or title	ADDRESS PATE SIGNED			
Kobert Deltonell MAL.	5516 Nebraska Sve D.C. 1-15-56			
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PROVINCE (Specify) 1-18-56 Nagling (or)	RY OR CREMATORY LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 48/12 Day On NWADDRESS			
REG. /-/6-56 /4 . 14	1 / m / 11 ot or or ordinary, are			
is the M. Hompson	plat running Home, washing ton, D.C.			

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BECEIVE

Bethesda, Md.

VS. A15-10

REGISTRAR

EEB 3 1820

DECEINED

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Physicians

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REMOVAL (SPECIFY) DATE REC'D BY LOCAL

REGISTRARY

information

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SECEDVED 30 1956

BUREAU V. S.

Bethesda, Md.

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REGISTRAR 5

2000

BUREAU V. S.

JE ALEDEN

218. PLACE (Home, farm, factory,

OR

FOR

RESERVED

ARGIN

OR CONTRIBUTING CAUSE OF DEATH OF INJURY atpost, office bldg., etc. INJURY OCCURZ (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF TNJURY Not While at work at work 22. I hereby certify that I attended the deceased from , 1952 to Jan 8 1956, that I last saw the deceased and that death occurred at 1.45.P.M. from the causes and on the date stated above. alive on Jan SIGNATURE DATE SIGNED

23. BURIAL, CREMATION. REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR

· REGISTRAR'S SIGNATURE

21A. ACCIDENT WAS UNDERLYING

M. D. NAME OF CEMETERY OR CREMATORY Rockville

LOCATION (City, town, or county)

(County)

(Day)

Days

COUNTAY?

(Year)

195

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(State)

(State)

Union Rockville FUNERAL ADDRESS

21c. WHERE DID (City or town)

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BUREAU V. S.

item of information carefully

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Physicians:

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correct

DATE REC'D BY LOCAL REGISTRAR

10/56

Bessie M. How

of death clearly and legibly.

FOR	INK.
MARGIN RESERVED FOR	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.
ARGIN	WITH
M	PLAINLY,
	WRITE
	OR
	TYPE
	PLEASE

774	ATE DEPARTMEN CERTIFICATI		BALTIMORE, 18	00732 No. 216	
1. PLACE OF DEATH:	ERTIFICATI		CE (HOME) OF DECEASED		
Montgomery					
COUNTY POIL OF THE STATE OF THE	IRAL LENGTH OF STAY	STATE D. C.	COUNTY rporate limits, write RURAL a	nd give nearest town)	
OR and give nearest town) X TOWN Bethesda	(in this place) 13 days	OR	nington, D. C.	47x-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda,		STREET ADDRESS 910	(If rural give location)) G Street, S. W.		
3. NAME OF (First) DECEASED: (Type or Print) Sylvia	(Middle)	(Last)	4. DATE (Month) (I	Oay) (Year) 19 56	
5. SEX: 6. COLOR OR 7. SINGLE. WIDOWER (Specify):	DIVORCED	of BIRTH: 9.	31 yrs. Months D	ays Hours Min.	
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC	KIND OF BUSINESS OR INDUSTRY: Domestic	District of	ate or foreign country): 12. Columbia	COUNTRY?	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:			
Walter Kelly		Blanc	Blanche (unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:		
(Yes, no or unk.) (If Yes, give war or dates of service)	Not available	The Medical	Record, The Clini	cal Center	
I DISEASES OR CONDITIONS DIRECTLY L 20 4.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY.	(A) GOSTEO INTES (B) TURM JE TO (C) ACUTE LY		Leukemia	TWC.	
II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DE	ATH. NON	e			
19A. DATE OF OPERATION: 19B. MAJOR I	FINDINGS OF OPERATION	N		20. AUTOPSY?	
21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCUR?		y) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work				
SIGNATURE L. ST. 23. BURIAL, CREMATION, DATE THEREO	that death occurred at Such, mD. M	6:24A M, from the	causes and on the date : DAT Center, NIH, Bethe	stated above. E SIGNED //9/36	
REMOVAL (SPECIFY)	Lincoln Mem	Com	Suitland, Md.		

24. FUNERAL DIRECTOR

ADDRESS

- 10 - 53 A15 Vs.

Z . V UABRUA

BEET SI WAL DECENTED

775



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00733

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	7 -4
montgomery MARYLAND	STATE many len O COUNT	Y monlyeme
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest (town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give negrest town) TOWN Sin this place)	TOWN Silver Spring	mel 50
HOSPITAL OR	STREET (If miral give location)	max,
INSTITUTION OR 10151 Sutherland Road	ADDRESS	00
STREET ADDRESS	1010 Auchereant	Coak
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 3 USIE YVIVIFAED ZCK	LOFF DEATH JANUARY	1 18 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under	
Temale white (Specify) Willowel	May 20 /880 72 yrs. Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIATHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Washingston D. C.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME	M. G.
CHARLES A, CAHO	LOTTIE HEISIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A
(Yes, no, or unknown) (If yes, give war or dates of service)	17. 0. 04. m. 8 m	in the
	Municaryaces Mary Co 114	inster
	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420,0 Cot 014 107	fill of the	2 1.
Immediate cause (a) Will left veni	navar famme	2 days
Antecedent cause(s)	- · // U Di	
Diseases or conditions, if any, (h) In the conditions	- Heart Miserie	Several eles
giving rise to the above cause stating the underlying cause last	right	
(c) Cor bral deman	Bana (1949) Tika holagi	168 1111
II. OTHER SIGNIFICANT CONDITIONS	straige (1111) - / the megatique	1
Conditions contributing to the death hut not related to the disease or condition causing death.	110)0	0
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	71)	20. AUTOPSY?
		- V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No
SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY M. Work At work		
and the second of the second o	10504. Channes stores	
22. I hereby certify that I attended the deceased from Alfal.		saw the deceased
alive on Manual, 19.5%, and that death occurred at	630 p m from the passes and on the date et	ated above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1200 / 101 1 hr	11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1/18/56
Delilin M. Map. 1/10	11502 Transview leve, mi	118/56
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER SEMOVAL (Specify) 1-21-56	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Burial 1-21-56 Sleanswood	(Cembery Wenhang ton	h, e
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS
1-10-56 Travers Osta	mostin mi Herrance e	2
	· maring in the freshing to	

DECENSED

BUREAU V. S.

9561 83 NAL

MARYLAND STATE DEPARTMENT O	OF HEALTH—BALTIMORE, 18	00734 Reg. Dist.
	ERTIFICATE OF DEAT	H No. 2/6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE);
COUNTY Montgomery MARYLAND	STATE And COUNTY M	nti
CITY (1f outside corporate limits, write RURAL LENGTH OF S OR and give nearest them) TOWN LENGTH OF S (in this place 3 & day)	e) OR O'	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.	STREET ADDRESS 1806 Shows	000
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Marion Eleanor Em	(Last) 4. DATE (Month) OF DEATH /	(Day) (Year) 19 - 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: 7. WIDOWED, DIVORCED, (Specify): Single 1	DATE OF BIRTII: 9. AGE last birthday: Fun 2/31/66 89 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Homemaker 10b. KIND OF BUSINES INDUSTRY: OWN home	II. BIRTHPLACE (State or foreign country) Lewistown, Pennsylvania	12. CITIZEN OF WILAT
13. FATHER'S NAME: John Emerick	Rosanna Eleanor Rider	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO	Mrs. Ruth E. Reppert, 1806 S	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	EDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	energe racture of shall (at occupied	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	countrage Exeture of shull (at oxenfial	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	energe Exeture of shall (at oxenfial	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATIO 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, fa OF street, office bldg. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	energe Cacture of shall (at occupied ON: Composition of the composi	INTERVAL BETWEEN ONSET AND DEATH 3 3 day 20. AUTOPSY?
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY MOT CONTRIBUTING OF Street, office bldg. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE OF While at Not who work at work at work at work of the remains defind that death resulted from: Natural causes , A	County occupied an Autopsy , Inspection Accident , Suicide , Homicide , Ur	20. AUTOPSY? Yes No (State) This products of the product of the p
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)	County of the state of the state of shall (at occupied of the state of shall (at occupied of the state of the	INTERVAL BETWEEN ONSET AND DEATH 3 3 day 20. AUTOPSY? Yes & No (State) Ty Ty Ty Ty Ty Ty Ty Ty Ty T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg. INJURY 21d. INJURY OCCURRE While at Not wh work INJURY 12-16-55 M. Work 22. I hereby certify that I took charge of the remains de find that death resulted from: Natural causes SIGNATURE	County of the property of the	20. AUTOPSY? Yes No (State) Thquiry (and adetermined cause (and ade

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9961-88 1820

DECENTED

Rum shey Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

22	The	CERTIFICATE OF DEATH Reg. Dist.	No. 216
THE /	carefully legibly.	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	:
	careful	COUNTY MONIGOMERY MARYLAND STATE D. C. COUNTY	
	ca	CITY (If outside comporate limits, write RURAL LENGTH OF STAY) CITY(If outside Apporate limits, write RURAL as	nd g e nearest town)
-	tion	Y TOWN Get Lie da (in this place) OR TOWN Washington	47x_3
C)	m of information death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital STREET ADDRESS Suburban Hospital W.W.	
	of in ath c	DECEASED: 0	(Year) (956)
-	of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Bys Hours Min.
T	every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
5	causes	work done during most of working life, even if retired): Infant none Maryland-Bethesda	USA
	ply ne c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Dixov	
BINDIN	Supply te the c	James W. Evans Davis L. Evans	_
	. "E	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Father-J	ames W.
FOR		(Yes/no, or unk.) (If Yes, give war or dates no none Evans 431 Kennedy N.W.	Wash DC
RESERVED 1	ADING IN	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RV	AD)	1 MMEDIATE CAUSE (A) Bronchopneumorua	1 Barr
SE	NE	ANTECEDENT CAUSE (S)	- and
RE	U	DISEASES OR CONDITIONS, IF ANY, (B)	
MARGIN	WITH UNFA	STATING UNDERLYING CAUSE LAST. DUE TO	
AR	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Z	LY,	DISEASE OR CONDITION CAUSING DEATH.	
	AINLY	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	. 7	2	YES NO
15	-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of INJURY OCCUR?)	y) (State)
	×	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	1	22. I hereby certify that I attended the deceased from 16 SAN, 1956 to 16 JAN, 1956 that I last	saw the deceased
65	200	alive on 16 Jav, 1956, and that death occurred at 5.45 M, from the causes and on the date s	
10 - 1	SE TYPE	SIGNATURE PEARLMAN M. BYSBRABY TYPEN	E SIGNED
1	ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City) town, or	county) (State)
A15	EA	Burial 1-19-56 Arlington Nat.Cem Arlington	Virgini



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DECENTED

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VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

778 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()0736

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Reg.	Dist.	No.	~	1./

	1105. 2.50. 11.	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY MMIT MARYLAND	STATE MY COUNTY IMM	1.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and g	rive nearest town
TOWN Semsteril Bys	TOWN James Brookville	Md X
HOSPITAL OR INSTITUTION OR Rupal Brookville Md	STREET (If rural give location) ADDRESS Rural	1
	(Last) (Eyerhart) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print)	Mari DEATH: 9	1956
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR	IF UNDER 24 HRS.
RACE WIDOWED DIVORCED Out	18-1875- 80 yrs. 9 14	Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CIT	
work done during most of working life, even if retired):	Mouglan, col	NTRY®
13. FATHER'S NAME: Jos. McCrossin	14. MOTHER'S MAIDEN NAME:	
tuknan-	Louisa l	Miller
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates none)	a. S. Wribert, 23 Ho	o Al Silve
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 '	SET AND DEATH
IMMEDIATE CAUSE (A) CILLAR	o teleroses	yours
ANTECEDENT CAUSE (S)	A 4	0
DISEASES OR CONDITIONS, IF ANY. (B) terrb	ind Hommlend :	36.1
GIVING RISE TO THE ABOVE CAUSE DUE TO		o i juice
STATING UNDERLYING CAUSE LAST.	· ·	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1	
TO THE DEATH BUT NOT RELATED TO THE	Rhalin	no
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	A ALITADAMA
n n	-	O. AUTOPSY?
1 m		
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fac OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M. While Not while at work at work	11 . 11	
22. I hereby certify that I attended the deceased from	7. 1/, 19 D, to 1/1/1	w the deceased
	AM, from the causes and on the date stat	ed shove
SIGNATURE SIGNATURE	ADDRESS DATES	
11//2	I.D. Sandy they 1/2	2/5/5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or cou	nts) (State
Burial 1-5-56 Darnestown	r FresbyCh.Cem Darnestown	Md
DATE REC'D BY LOCAL REGIST AR'S SIGNATURE		DDRESS
REGISTRAR 6-56 Gentruse B. Lander	Robert A. Limplier Bethes	sda, Md.
January - January	A TOTAL	1

OBVIBE NAU

BUREAU V. Z.

MARGIN RESERVED FOR BINDING

pay.	4	9
1	3	
63	18	6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00737 CERTIFICATE OF DEATH Reg. Dist. No. 223...

3			
y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
gir	COUNTY MONI GOMENY MARYLAND	STATE COUNTY	471
e le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town)
and	TOWN 13 Kema Park 32 days	TOWN DISTRICE OF	1
>	HOSPITAL OR	STREET (If rural give location)	PINDDIA
ear	INSTITUTION OR STREET ADDRESS	ADDRESS 244 C	reet N.W.
2	3. NAME OF (First) (Middle)		Dhy) (Year)
death	DECEASED: (Type or Print) Flying	OF OF	
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRB.
ö	RACE: WIDOWED, DIVORCED, (Specify)		Days Hours Min.
es	TOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
caus	work done during most of working life. OR INDUSTRY:		COUNTRY
0	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U. 2.0
Ę.	0110 -	0 1	
ite	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
WI	(Yes, no, or unk.) (If Yes, give war or dates	III A ADDRESS:	
Se	(of service)	Mospital Records.	
ea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	ION	INTERVAL BETWEEN
러	2324		ONSET AND DEATH
18:	IMMEDIATE CAUSE (A) GUCCESE	alomalacea	10 days
hysicians	ANTECEDENT CAUSE (S)	· /110 11-t	
ysı	DISEASES OR CONDITIONS, IF ANY. (B) Through	sesseff Cerebral aslery	10 days
7	STATING UNDERLYING CAUSE LAST. DUE TO	004.1	
ئه	260%. (c) Cerefra	allerioschrosis	? years
tant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	+ 511 00 -	1.6
00L	DISEASE OR CONDITION CAUSING DEATH HEAVE	les Mellelus	Difers
impor	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N Commence of the commence of	20. AUTOPSYT
>	2	h. h	YES NO
eciali	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1f either, notify medical examiner)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
esb	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	X-10-1-1-1-1
13	M. at work at work	- () T	
98	22. I hereby certify that I attended the deceased from	4 , 1953, to fau 2 , 1956, that I last	saw the deceased
a on	alive on Jan 2, 1956, and that death occurred at	M, from the causes and on the date	stated above.
ect	SIGNATURE A 1		TE SIGNED
orrect		.o. Takowa Tark Md	1/3/56
50	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City Jown, or	county) (State)
C	Dural Jan 2, 1936 /allonal/1/2	moreal lark falls Exurch,	Va,
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	SATUNERAL DERECTOR 254-GASA	ADBREST TIT.

321 3 NAL

BUREAU V. S.

AINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE OR WRITE

VS. A15-

778 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00738

4 3			
	CERTIFICATE	OK	

Por Dist No 2 16

CERTIFICATI	E OF DEATH Reg. 1	Dist. No. 2/6
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
COUNTY / 10 /V tomery MARYLAND	STATE // COUNTY //	ON TOSMERY
CITY (If outside corporate limits, write RUBAL LENGTH OF STAY OR and five nearest town) (in this place)	CITY(If outside opporate limits, write RUR.	AL ana give nearest town)
HOSPITAL OR	STREET (If yural give loca)	tlon)
JUSTREET ADDRESS JUDURDAN HOSPITAL	ADDRESS, 510 GATFIELD	ld 5+.
3. NAME OF DECEASED:	(Last) 4. DATE (Month) OF	(Day) (Year)
Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8! DATE	OF BIRTH: 9. AGE last birthday IF UND	ER I YEAR IF UNDER 24 HRS.
(Specify) Arried Hari	8 1904 51 yrs. Month	
OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work dope during most of working life, even for retired):	11./BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	73
John Smith Finlayson	ISABEL FAULKNE	r Berry
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	JAPA & PACK ZINGASAN	8510 GARTICH
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	U	ONSET AND DEATH
IMMEDIATE CAUSE (A) Confluer	it Broughopmunoina	2. days
ANTECEDENT CAUSE (6)). 1. 10 1 ×	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Misocardial Infaret,	old & years
(c) Grouge	y arterioschosos advan	ice Zyear V
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Park	insorrism	2 Mens
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
2		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		County) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from I deceased	, 1956, to 9 June, 1957, that I	last saw the deceased
alive on F. Jan., 1957, and that death occurred at	7:25/M, from the causes and on the da	ate stated above.
SIGNATURE	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town	n, or county (State)
REMOVAL (SPECIFY) 112/56 7+ Lines	en/10 0 / Pipence &	eorge Comed.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10 56 Plane M Liena Dane	29 FUNERAL VIRECTOR	2 GODRESS DA
11-100 Mary VII Sugar Room	1- 4 11	to the will have



CERTIFICATE OF DEATH

Reg. Dist. No. 216

3	T		
	1. PLACE OF DEATH: 2.	USUAL RESIDENCE (HOME) OF DECEASED:	
0	COUNTY MONTAGMERY MARYLAND	STATE Md. COUNTY MONTGOMEN4	
	OR and give nearest town)	CITYIIf outside corporate limits, write RURAL and give nearest to	wn)
	X TOWN Bethesda 8 days	TOWN SILVEY Spring 56	
	HOSPITAL OR INSTITUTION OR C	ADDRESS A A A A A	
	JUSTREET ADDRESS JUBURDAN HOSP.	12029 Dalewood Drive	2
	3. NAME OF (First) (Middle) (Last	4. DATE (Month) (Day) (Year)	_
	(Type or Print) Naymond TIShburne TI	EMING DEATH: Way do, 1936	2
	5. SEX: 6. COLOR(OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify) 3.		in.
	Male White (Specify) Manuel April 3	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI	147
	work done during most of working life, OR INDUSTRY:	COUNTRY?	TAI
	Todan C	MOTHER'S MAIDEN NAME:	_
	Frank of Flamina	Mary Elizal +1 Rall	
	15, WAS DECEASED EVER IN U.S. ARMEO FORCEST 16, SOCIAL SEQURITY No. 17	INFORMANT & ADDRESS:	_
0	(Yes, no, or unk.) (If Yes, give war or dates of service)	ife Hazel Fleming above	-
3	18. MEDICAL CERTIFICATION	INTERVAL BETWE	EEN
4	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE.	ATH
	IMMEDIATE CAUSE (A) Lastro untespe	inal hemorrhage 2 days	N
101	ANTECEDENT CAUSE (8)		
100	DISEASES OR CONDITIONS, IF ANY, (B) Exposaling	septic ulcer, stomack, pre pulare 2. drup	1
4	STATING UNDERLYING CAUSE LAST. DUE TO THE STATE OF THE ST	"Extremity, thrombus Rt.	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4-5 day	EX.
5	TO THE DEATH BUT NOT RELATED TO THE		
2	DISEASE OR CONDITION CAUSING DEATH		
	7.	20. AUTOPSY YES MO	77
2000	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)		
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
3	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
4		10 to 10 that I last saw the decay	boa
200	22. I hereby certify that I attended the deceased from alive on		scu
3	alive on, 19, and that death occurred at 1, 7.	ADDRESS DATE SIGNED	1
211	Charles Vavares & M.D.	4860 Ballery To 1/23/	10
3	23. BURIAL, CREMATION, DATE THEREOF NAME OF TEMETERY	OR CREMATORY LOCATION (City, town, or county) (St	ate)
	Burral 2/1/56 arlengton	Uslengton Va	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS	2.

VS. A15-10-5

Supply every item of information

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

LEB S 1820

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00740 Reg. Dist.

MEDICAL	TO AMINED'S	CERTIFICATE	OH	TOTALITA	- 11
WEDICAL	BXAWIINBR'S	CHIRAINIGICATING	()P	DEATH	No of

MEDICILL BARRANTER & CERT	III OHIII OF DEATH	110. 94. 2
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery Maryland	STATE Maryland county Montgom	ery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ROCKVILLE LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN ROCKVIlle	give nearest town)
HOSPITAL OR INSTITUTION OR 530 W. Montg. Ave.	STREET (If rural, give location) 530 W. Montg. Ave.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) WILLIAM A FLING	(Last) 4. DATE (Month) (Day) OF DEATH Jan 8	(Year) 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER I YE	
Male White Specify: dowed May	28.1892 63 yrs. Months Day	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired) Ret. Laundrey-Self I		USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	V.1211
Wm. F. Fling	Martha A. Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Harvey Fling-RFD # 1 Rockvil	le.Md.
	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
4201 Common Co	relusion.	5 mi.
Immediate cause (a)		
Antecedent cause(s)	Cardio Vascular Disease.	20 21.
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	of Liver - & Portal Obstruction	54.?
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes No Z
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	oed above, held an Autopsy [], Inspection [],	Inquiry , and
find that death resulted from: Natural causes , Accid	lent 🗌, Suicide 🗍, Homicide 🗍, Undeterm	mined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
John S. Ball	M. D. ASSISTANT MEDICAL EXAM.	Jan. 8, 1956
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
Burial 11-11-56 Forest Oak		ADDAMAG
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	A. FINERAL DIRECTOR	ADDRESS
1/9/56 Lamell It. Mighesp	Mary Bethes	da, Nd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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	INCOMPRESSE DOSE		ATTEND TO MAKE A
			TV0.00030
	MARKET THE PERSON NAMED IN	TATE TO STREET AND	
			APTIATION AND THE STATE OF THE
treets and (mean) star			2. TARET OF EFFERENCE COURSE OF PRINCIPAL OF
AND ASSESSMENT OF REAL PROPERTY AND ASSESSMENT AND ASSESSMENT OF REAL PROPERTY AND ASSESSMENT ASSES	TRA-SE LIFTHAN TO	HOLDSROVIG CON	E RESC 8. COLUMN TO STANKER WARDOW WARDOW WARDOW WARDOW
LYBERTON TO PERSON SERVICED AND AND AND ADDRESS OF THE PERSON SERVICED ADDRESS OF THE PERSON SERVICED ADDRESS OF THE PERSON SERVICED AND ADDRESS OF THE PERSON SERVICED ADDRESS OF THE PERSON S		NO SERVICIONE CO MICH AN	THE THEAT SCICEATION (CINCELLO II) IN CASE AND ALL INC.
			TE PATHERY SCANNIA
	dical a relations.		Toward Server, JEST STREET, configuration of the first server and the street of the server and t
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BUREAU VY.SS.		COMPANY STOLE A	
THE TILL NAU			II I bereby certify that I tock charge that I tock charge that the start of the send of th



S. V UALIUA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12, FilmGl91 1-16-56 et CERTIFICATE OF DEATH Reg. Dis

ADDRESS

	deg. bist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:
COUNTY SILON + SOM BYS MARYLAND	STATE Maryland COUNTY monteners
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYII outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	OR -
DELICE TURE	TOWN SilverSprung 56
HOSPITAL OR RESTREMENT RANGE	STREET (If rural give location)
STREET ADDRESS GO A YULI Ida Rd.	8912 Walden Rd.
B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Cust (C	OF C
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE	704. 0 1330
RACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS Months Days Hours Min.
1- W (Specify): married Sept.	17, 1892 6 3 yrs.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
work done during most of working life, even if retired):	Poland Poland
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
0.1	
Hyman Gordon	Larah Elsberg
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates of service)	Philip Jawaner 9523 - Saylvork and
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
11904	
IMMEDIATE CAUSE (A) cente	Lohar Pneumonia 3 day
DUE TO	10.
ANTECEDENT CAUSE (S)	and the transfer of and the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	working of the same
STATING UNDERLYING CAUSE LAST.	1.0 +
(c) Wrina	my meontinense 6 week
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	rotaxenas lacident fruit
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO THE
ACCIDENT WAS UNDERLYING TO ALL BLACE (Ware for first	
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	tory, 21c. WHERE DID (City or town) (County) (State)
F EITHER, NOTIFY MEDICAL EXAMINER)	
1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
M. While at work at work	
22. I hereby sertify that I attended the deceased from how	20 10 5/1 Variable 10 5/10 171 1
G =/	2 4/2 //
alive on face. 5, 19 55, and that death occurred at	J. T.M., from the causes and on the date stated above.
SIGNATURE	ADDRESS BATE SIGNED
Denjamen Remoherter M	.D. 2200-16 Drme-Wash. W
	ERY OR CREMATORY LOCATION (City, town, or county) (State
BURENOVAD (SPECIFE)	10 10 10 10 10

VS. A15 -- 10 - 53

OR WRITE

PLEASE TYPE

DATE REC'D

LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTHAM MARYLAND	STATE Med COUNTY Monting
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (1f outside corporate limits write RURAL and give nearest town) OR TOWN Agrafiae lawy R 7 0.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Submban Hosp	STREET (If rural, give location) ADDRESS Metas believe from
3. NAME OF (First) (Middie) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Jun 3 (1956
Female Cilied WIDOWED, DIVORORD, afri	E P BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS Wonths Days Hours Min.
10a. USUAL OCCUPATION (dive kind of work done during most of work life, even if retired):	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIIA Manyaux 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIIA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
I5. W DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (1f Yes, give war or dates of service)	Bradley Traller - Galherburg, nd
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DRATE
Immediate cause (a) hoch	
Antecedent cause(s) DUE TO Antecedent cause(s)	es born molena our de
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	ch P
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No
21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ OF street, office bldg., etc. CAUSE OF DEATH.	" Skitherburg Monta my
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work ☐ Not while at work ☐	Home caught fore & borned
	bed above, held an Autopsy 🗌, Inspection 🛭, Inquiry 📵, an
find that death resulted from: Natural causes [], Acci	dent ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐ CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
Frank & Burehart	M. D. DEPUTY MEDICAL EXAMINER 2-1-53
REMOVAL (Specify) :/	OR CREMATORY AGATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 6-56 Beriem-larmeson	Robert K. Junde - Rucherello

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

LEB 0 1220

BECEINED

INSTRUCTIONS

735

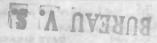
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00744 Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEASED	
COUNTY Montgomery	MARYLAND	STATE Maryle	and county Mont	gomery
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corporate	limits, write RURAL and give near	rest town)
OR and give nearest town) TOWN Silver Spring	(in this place)	or town Silve	er Spring	54
HOSPITAL OR		STREET	(If rural give location)	
institution or 1528 Grace Churc	h Road		Grace Church	
DECEASED	idle) (l	Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Rosalind	Fri	aard	DEATH Jan.	22, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF B	BIRTH 9.	AGE lest birthday IF UNDER	
female RACE WIDOWED, DIVOR	June 4	. 1878	77 yrs. Months	Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KIND (OF BUSINESS 11.	BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT
	DUSTRY	Virginia	ALC: NO.	COUNTRY?
retired) Housewife		14. MOTHER'S MAIDEN NA	WE	0.0.11.
John D. Dally		Mary Alic		
	OCIAL SECURITY NO.	17. INFORMANT & ADD		nah t an
(Yes, no, or unk.) (If Yes, give war or dates of service)	no	1528 Grad	F. Riley- Da	d S S Md
	18. MEDICAL CERTI			ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1			ONSEI AND DEATH
		rt disease with		
ANTECEDENT CAUSE(S) DUE TO BOSTLY	e railure and	terminal hypo	static pneumoni	8.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST.				
(C)				
TO THE DEATH BUT NOT RELATED TO THE	noma both lung	e, primary both	h breastasis	6 years
DISEASE OR CONDITION CAUSING DEATH. 11100 CITE 198. DATE OF OPERATION 1 196. MAJOR FINDINGS OF		e, primary book	n breasts	20. AUTOPSY?
April 4, 1950 & June 1, 195		meetectomic		YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, 1	farm, fectory, 21c.	WHERE DID INJURY OCCUR?	(City or town) (Coun	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	e bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. IN		. HOW DID INJURY OCCUR?		
M. While	Not while			
22. I hereby certify that I attended the decease	d from March 3	., 1950 , to Jana	.22, 1956, that I	last saw the deceased
alive on Jan. 22, 19. 56, and th				
SIGNATURE AT	ar goom occarron anni	ADDRE	SS (Street, city, town, state)	DATE SIGNED
Il Louitney	MD 576	01-4A1 AG	/ Washur	16 1/24/0
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR CR	REMATORY	OCATION (City, town, or county) (State)
DEMOVAL (CRECIEV)	Rock Creek C	Cemetery	Washington, D	.C.
24. REC'D BY REGISTRAR/ REGISTRAR'S SIGNATURE			NATURE 2901 14t1	
ALCO DI REGISTRATO REGISTRATORE	(Year)	The & 2 2 2 1	4 Co Washingto	nst.,N.W.
DATE 12306 Chance	- recent	A. 14.14m	www.wasningto	on.D.C.

CERTIFICATE OF DEATH



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INCHES COME COMMERCED CONTRACTOR

MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE: 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. COUNTY STATE Montgomery Maryland Montgomery MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR (in this place) give ne Kensington Kensington TOWN vears HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 3108 Ferndale Street 3108 Ferndale Street 3. NAME OF (Middle) (Last) (Month) (Year) JOHN EARLY GATEWOOD JANUARY 15 DECEASED (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MATTIEC 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months (Days | Hours | Min. white male Oct. 4. 1903 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY done during most of working life, even if retired) | Livoustry | Livoustry | Derating Engineer-General Services Admr North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown John Gatewood 17. INFORMANT AND ADDRESS 3108 Ferndale St .. 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of nervice) Yes-Card lost Mrs. Dorothy L. Gatewood, Kensington, Md. INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Otolusion Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [...], Inspection X. Inquiry X. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . DATE SIGNED SIGNATURE (Degree or title) 1-15-56 23. BURIAL, CREMATION LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY The New Cemetery Spray. North Carolina DATE REC'D BY LOCAL Silver Spring. Md.

DEVIDOS 3201 31 NAU

BUREAU V. S.

REGISTRAR'S

DATE REC'D BY LOCAL

(Year)

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(Day)

Days

Months

DATE SIGNED

YES

(County)

town, or county)

(State)

20. AUTOPSY?

NO

(State)

DIRECTOR

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BECEINED

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VS. A15

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2/3

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL DOR and give nearest town) TOWN Rockville Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS Circle Dr. GlenHills STREET ADDRESS Circle Dr. GlenHills (Middle) DECEASED: (Type or Print) MARY 6. COLOR OR RACE: (Type or Print) 6. COLOR OR RACE: (Type or Print) MARY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) STREET (If rural, give location) ADDRESS Circle Dr. Glen Hills STREET ADDRESS Circle Dr. Glen Hills MARY PENNINGTON GOVER OF DEATH: Jan. 17 19 56 SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): WIDOWED, DIVORCED, WIDOWED,	×
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR and give nearest town) ROC kv ille Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS Circle Dr. GlenHills STREET ADDRESS Circle Dr. GlenHills STREET ADDRESS Circle Dr. GlenHills MARY OF DECEASED: (Middle) (Type or Print) SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Widowed 5-30-1873 WIDOWED, DIVORCED, (Specify): Widowed 5-30-1873 OR ROCKVILLE RURAL and give nearest to OR TOWN ROCKVILLE RURAL And GIVE RURAL And GIVE RURAL And GIVE RURAL And GIVE RURAL AN	×
CITY (If outside corporate limits, write RURAL OR and give nearest town) No Rand give nearest town) Rockville Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS Circle Dr. GlenHills STREET ADDRESS Circle Dr. GlenHills MARY OK Middle) (Last) (Last) (Type or Print) MARY PENNINGTON GOVER Female Widowed Town Rockville Rural CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville RURAL ADDRESS Circle Dr. Glen Hills #I CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville Rural (In this place) CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville RURAL (In this place) CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville Rural (In this place) CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville (In this place) CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville (In this place) CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville Rural (In this place) CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Rockville (In this place) (In trust), give location) RFD ADDRESS Circle Dr. Glen Hills #I STREET (Month) (Day) (Year) OF BEATH: Jan. 17 19 56 **SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Widowed 5-30-1873 **SINGLE, MARRIED, S. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR I	×
HOSPITAL OR INSTITUTION OR CIPCLE Dr. GlenHills RFD STREET ADDRESS CIPCLE Dr. GlenHills RFD ADDRESS CIPCLE Dr. Glen Hills #1 S. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) OF DECEASED: (Type or Print) MARY PENNINGTON GOVER OF DEATH: Jan. 17 19 56 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): WIDOWED, DIV	×
INSTITUTION OR CIRCLE Dr. GlenHills RFD ADDRESS CIRCLE Dr. Glen Hills #1 S. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) Type or Print) MARY PENNINGTON GOVER OF DEATH: Jan. 17 19 56 S. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): WIDOWED, DIVORCED	1
3. NAME OF DECEASED: (Middle) (Last) (Month) (Day) (Year) (Type or Print) (MARY PENNINGTON GOVER OF DEATH: Jan. 17 19 56 5. SEX: 6. COLOR OR RACE: (WIDOWED, DIVORCED, Septity): WIDOWED, DIVORCED, (Specify): Widowed 5-30-1873 (Specify): Widowed 5-30-1873 (Specify): Widowed 5-30-1873 (State or foreign country): 12. CITIZEN OF Work done during most of working life, even if retired): Housewife Home Maryland USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	- /
DECEASED: (MARY PENNINGTON GOVER OF DEATH: Jan. 17 19 56 5. SEX: 6. COLOR RACE: WIDOWED, DIVORCED, Seciety: Widowed 5-30-1873 82 yrs. 7 17 19 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Home Maryland USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Widowed 5-30-1873 82 WIS. 7 17 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
Female White Specify: Widowed 5-30-1873 82 yrs. Months Days Hours 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Home Maryland 14. MOTHER'S MAIDEN NAME:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Home Maryland 14. Mother's Maiden NAME: Vis. 7 17 18. 17 19. 1	Min.
work done during most of working life, even if retired): Housewife Home Maryland USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	win.
13. FATHER'S NAME: Maryland USA 14. MOTHER'S MAIDEN NAME:	WHAT
14. MOIRERS MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Son S. Clark Gover	
No service) No None Circle Dr. Glen Falls RFD #1 Rocky i	170
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: USE ONSET AND D	
Immediate cause (a) Congestive heart failure 4M	10
Antecedent cause(s)	
Diseases or conditions, if any. (b)	1.
giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS:	1 1
Conditions contributing to the death but not related to the disease or condition causing death.	V.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPS	· .
Yes N	?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE INJURY	
HOMICIDE INJURY	
HOMICIDE INJURY	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from	sed
HOMICIDE INJURY	sed .
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work Not while Not while Not work at work Work 19.1.1., to 19.1.1., that I last saw the decea alive on 19.1.1., and that death occurred at OCCURRED Not while Not whil	sed .
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY M. Work Not while at work Work Work At work Work	sed .
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work Not while at work 19.1.1., to	sed .

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 (10749)
789 CERTIFICATI	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
DECEASED:	STATE Maryland county Montgomery CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville STREET (If rural give location) ADDRESS 6305 Tilden Lane (Last) 4. DATE (Month) (Day) (Year) OF DEATH: Jan. 10, 19 56
	OF BIRTH: 9. AGE last birthday 15 UNDER 1 YEAR Months 29 11. BIRTHPLACE (State or foreign country): Washington, D. C. 14. MOTHER'S MAIDEN NAME: Elzida McCeasky 17. INFORMANT & ADDRESS: Cecile A. Green-Item# 2
IB. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ##20./ IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) Under Control of Injury M. 21c Injury Occurred While at work	tory, etc. 21c. WHERE DID (City or town) (County) (State)
22. I hereby certify that I attended the deceased from	6 P. M, from the causes and on the date stated above. ADDRESS DATE SIGNED

PLAINLY, WITH UNFADING INK. WRITE PLEASE TYPE OR 10 - 53

A15

VS.

DATE THEREOF DOCATION (City, town, or county) OF CEMETERY OR CREMATORY

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 1-13-56 Parklawn Rockville, Md Buria

DATE REC'D SIGNATURE BY LOCAL REGISTRAR'S ADDRESS



REGASTRAR'S

SIGNATURE

DATE REC'D AY LOCAL

EGISTRAB

(Day) (Year) 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours ! 11. BIRTHPLACE (State or foreign country):

EASTERN SHORE OF MARYLAND. 12. CITIZEN OF WHAT COUNTRY? MRS. PATRICIA GREEN ROGERS. 2501 LYNWOOD PL. CHEVY CHASE, MD. TERIOSCLEROTIC CARDIOVASCULAR DISEASE 30 YRS. 20. AUTOPSY? NO (County) (State) DATE SIGNED LOCATION (City, town, or county) (State) ADDRESS

DECEIVED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARKI AND CHARE DED ADDITION	DATE WATER TO THE PARTY OF THE
MARYLAND STATE DEPARTMENT	00.01
790 CERTIFICATE	C OF DEATH Reg. Dist. No. 2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery, MARYLAND	STATE DIST OF COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give, nearest town) Lingthis place)	CITY(If outside corporate limits, write RURAL and give nearest town
x rown Bethesda 15 days	TOWN Washington 47
HOSPITAL OR INSTITUTION OR SUBUYBAN HOSP-	STREET (If rula give location) 4641 Greene Pl. N.W.
DECEASED: Market	Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MATY AICE Gre	cene DEATH SEN, 14 1936
Female White (Specify) WIDOW OCT, 1	4,1873 82 yrs. Months Days Hours Min.
work done during most of working life, even if retired)	Louden Co. VIVGINIA 12. CITIZEN OF WHA
Josephus Hospital	Mary Catherine Costella
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. W. C. Hazel daughter (same
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	crebral accuontage onset and DEATH
IMMEDIATE CAUSE (A)	felixion V
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY7
O The Discrete form form	YES NO M
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 / to 19 / Chat I last saw the deceased
alive on 19 , 19 , and that death occurred at signature	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) / (State
Bural 1/16/56 Union Cemet	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR

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4 . 47

3201 81 NAL

PLEASE TYPE

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 718

CERTIFICATE OF DEATH

Reg. Dist. No. 723

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY MONTAGMEN MARYLAND	STATE Maryland COUNTY MONT & BMRIY
le	CITY (If outside corporate limits write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
nd	OR and give nearest town) (in this place)	OR //Y has a
	17 TOWN Takoma Park was a days	TOWN Takoma Park bis bis in 12
rly	HOSPITAL OR Washing ton San and Hospi	STREET (If rural give location)
clearly	15 STREET ADDRESS 1600 Flagors A BRUL	7400 Carroll Ave Takoma Park
		(Last) 4. DATE (Month) (Day) (Year)
death	DECEASED: (Type or Print) May	dreer DEATH: Jan 29 1956
de	5. SEX: [6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
of	Temale White (Specify): Widow 2-2	Manch Day
ses	IOA LISUAL OCCUPATION (Give kind of LOB KIND OF BUSINESS)	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
causes	work done during most of working life. even if retired; r	COUNTRY?
	Employee	14. MOTHER'S MAIDEN NAME:
the	13. FAIRER 3 HAME;	
	Henderson mis Jonathan	miller. mes mary
write	13. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Washington San. and Hosp washington
/ N	(Yes, no, or unk.) (If Yes, give war or dates of service)	7600 Carroll Ave Takong Paule 12 Did.
please	18. MEDICAL CERTIFICATI	
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	420.1	
ns	IMMEDIATE CAUSE (A)	any Occhision Terminal
Physicians	ANTECEDENT CAUSE (S)	#
sic	DISEASES OR CONDITIONS, IF ANY. (B)	leusion // /
hy	STATING UNDERLYING CAUSE LAST.	1
	(c) antene	asolonusis III.
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rujenowy
rta	TO THE DEATH BUT NOT RELATED TO THE	
bo	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
i.	138. MAJOR PINDINGS OF OPERATION	20. AUTOPST7
X		YES NO
speciall	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or Contributing Cause of Death Of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
dse	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
is	OF INJURY While Not while at work at work	
d)	22. I hereby certify that I attended the deceased from	1, 1936, to /- 29., 1936 that I last saw the deceased
88		0:30 AM, from the causes and on the date stated above.
ct	SIGNATURE (1)	ADDRESS DATE SIGNED
correct		o. Takoma Tark, Md 1/29/56
00		ERY OR CREMATORY LOGAZION (Cit), town, or county), (State)
	STATE OF THE POLICE OF THE STATE OF THE STAT	not have the home time At
	145 MONEST 1 45 1100 MONESTER	car vem processor villa
111	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 2901 145 AT HOUSE
	1-39-19501 (/////CN- WUUU.	A.N. Mille Co. Washington D.C.

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BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Di

Reg. Dist. No.

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:		
legibly	county moutgomery MARYLAND	STATE maryloud COUNTY moutes omers.		
le	CITY (If outside corporate limits, wift RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)		
and	OR and give nearest town) (in this place)	OR		
	X TOWN Bethesda 26 krs	Deline 2 dir		
T.	HOSPITAL OR RESIDEN Southarium INSTITUTION OR 5721 Crosoener Lane	STREET (If rural give location) ADDRESS		
clearly	90 STREET ADDRESS	4402 Winston Dr.		
	3. NAME OF (First) (Middle) ((Last) 4, DATE (Month) (Day) (Year)		
th	DECEASED	OF		
death				
of c	RACE: WIDOWED, DIVORCED.	Months Days House I Mi		
	[W (Specify): widawed Feb. 1	7, 1875 80 yrs. Months 238 Months		
causes	10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
an	work done during most of working life, even if retired):	Custoin It. (0 for		
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
the				
	Jemuel Bolles	Jarah Boszvarth		
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
- 0	(Yes, no, or unk.) (If Yes, give war or dates of service)	Readock hantoning		
SS SS	18. MEDICAL CERTIFICATI	ION		
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION INTERVAL BETWEEN ONSET AND DEATH		
-	175x	= wideserend		
52	IMMEDIATE CAUSE (A) CANCEN	voma ovary metastasia 18 MOS		
lan	ANTECEDENT CAUSE (S)	915		
sicians	DISEASES OR CONDITIONS, IF ANY. (B)			
Phys	to the and			
四	STATING UNDERLYING CAUSE LAST. DUE TO CONFU	med vy 1 st ratear)		
14.	(C)			
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	oscleratio Heart disease 20 YRS		
or	DISEASE OR CONDITION CAUSING DEATH.	oscensic pear assast 20 /RS		
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
5	none	YES NO T		
113	ACCIDENT WAS UNDERLYING TO A 21st BLACE (Home form forth	cory, 21c. WHERE DID (City or town) (County) (State)		
eciall	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR? (City or town) (County) (State)		
bec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	<u> </u>		
es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?		
02	M. at work at work			
	ART COMARAGA			
286				
	alive on	4.30 M, from the causes and on the date stated above.		
oe.	SIGNATURE OF COLOR	ADDRESS BETH DATE SIGNED		
correct	Charles X. Davarese, Jr. M.	.D. 4861 BATICKY LA MD! 1/23/36		
õ	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)		
	Burial 127156 7t. Lincol	o Cem Prince Georges ma		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PELINERAL DIRECTOR		
	REGISTRAR SO BOLLING ILLEGATION	The 18 10 2901-147887. W.		
	Merce III. From Rion	Die HAMMER MORINEMEN S. C.		

BUREAU V. E.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 E, 18 (10)754 Reg. Dist. No. 21/

nu				
	CERTIFICATE	OF	DEATH	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	• • •
county Montgomery MARYLAND	STATE Maryland coun	NT Montg.
CITY (If outside corporate limits write RURAL LENGTH OF STA)	CITY (If outside corporate limits, write RURAL a	nd give nearest town)
Town Rural - Woodfield (in this place)	TOWN Rural - Woodfield	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1 Gaithersburg	STREET ADDRESS R.F.D. #1 Gaither:	burg
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Samuel Floyd	(Last) 4. DATE (Month) (Da OF DEATH: Jan.17	y) (Year) 19 56
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE iast birthday: If UNDER I	
Male White WIDOWED, DIVORCED, (Specify): Married Dec.	.5.1894 61 yrs.	ays Hours Min.
work done during most of working life. INDUSTRY:		COUNTRY!
even if retired Retired Building Contractor 13. FATHER'S NAME:	Montg. Co. Md.	USA
Samuel T. Grimes 15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 1	Annie Jane Beall 7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of		
NO. service) None N	Mrs Bertie W. Grimes, Gaithe	ersburg, Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	mir_ Cardis - Vanne	Interval Between Onset And Death
Turne adjusts source		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	Lyt Vineralez tollar	20 year
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	de in a	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
0		Yes No B
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of the property of t	et, (CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Music	1954 to Sun . 1) , 1956, that I last	saw the deceased
alive of and 12, 1956, and that death occurred at /		
SIGNATURE (Degree or title)	ADDRESS D	ATE SIGNED
Juck Grammania M. D.	muchundry, md.	an 19 36
REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or	
DUPLAL MANAZU 1900 WESLEY (Grove Woodfield, Mo	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNAYORE REGISTRAR 16 15 15 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16		

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Estimad Building Community with Ca. 46.

Ligar saul stone

merical C. Orton

lung les Bertie W. Stines and March

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEADIT

E,	18	00	755
	D:=4	37	215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	t. No
Mantagaga	M2 2	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE METYLANG COUNTY MO	ntemery and give nearest town)
OR and give nearest town) TOWN Bethesda Rural (in this place) 18 days	TOWN Silver Spring	56
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location ADDRESS 12122 Selfridge Road) /
		Day) (Year)
DECEASED:	OF	9 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
Male White Widowed, Divorced. 4-26-	37 13 1 3	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 108. KIND OF BUSINESS OR INDUSTRY:	f1. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William GUILFORD	Maude E. ALLEN	
(Yes, Yes of upk.) (If Yes, give war or dates of service) WW I Unknown	Wile Mrs. Nannamai GUILFORD	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	fallue	wdef.
ANTECEDENT CAUSE (S)	Mu andial interation	1. 1. 1
GIVING RISE TO THE ABOVE CAUSE DUE TO	Mysendial urfacetion	walf.
STATING UNDERLYING CAUSE LAST. (C)	W MARIERE	Ludeh
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	MULMANIA	will
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
2		YES XX NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 21B. PLACE (Home, farm, factor Contribution 21B. PLACE (Home, farm, factor Contri	ttory, etc. 21c. WHERE DID (City or town) (Coun	(State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
1/ SIGNATURE /7/COX /VY A VIGILIE /4C.	M, from the causes and on the date	stated above. TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o National Cemetery Arlington,	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10 Jan 1956 Pary 6. ranelle	Challeral Pureral Home	ADDRESS

BUREAU V. S.

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794 CERTIFICATI	T OF HEALTH—BALTIMORE, 18 00756 E OF DEATH Reg. Dist. No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE N.C. COUNTY
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest tow
OR and give nearest town) TOWN SUMNER HIGHLAND APT. (in this place)	TOWN DUNN 70 x -3
HOSPITAL OR INSTITUTION OR 4513 SANGAMORE RD.	STREET (If rural give location) ADDRESS ROUTE #4
DECEASED: (Sarah)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 1 19 19 56
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH. COUNTRY?
even if retired OUSEWIFE 13. FATHER'S NAME:	NORTH CAROLINA U.S.A.
RANDALL SMITH	? MATHEWS
S. WAS DECEASED EVER IN U.S. ARMED FORCES! Yes, no. or unk.) (If Yes, give war or dates of service) NONE	17. INFORMANT & ADDRESS: MRS VAUGHAN 6521-79th ST. CABIN JOHN, MD.
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	gertechore would
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19, 19, that I last saw the decease M, from the causes and on the date stated above.
alive on The 19 , 19 , and that death occurred at	ADDRESS DATE SIGNED
alive on The 19 19 of and that death occurred at SIGNATURE LUCION SIGNATURE MALLEN MAL	ADDRESS I. D. 120 Wer Chay to DATE SIGNED ERY OR CREMATORY LOCATION (City, town, or county) (Sta

BUREAU V. S.

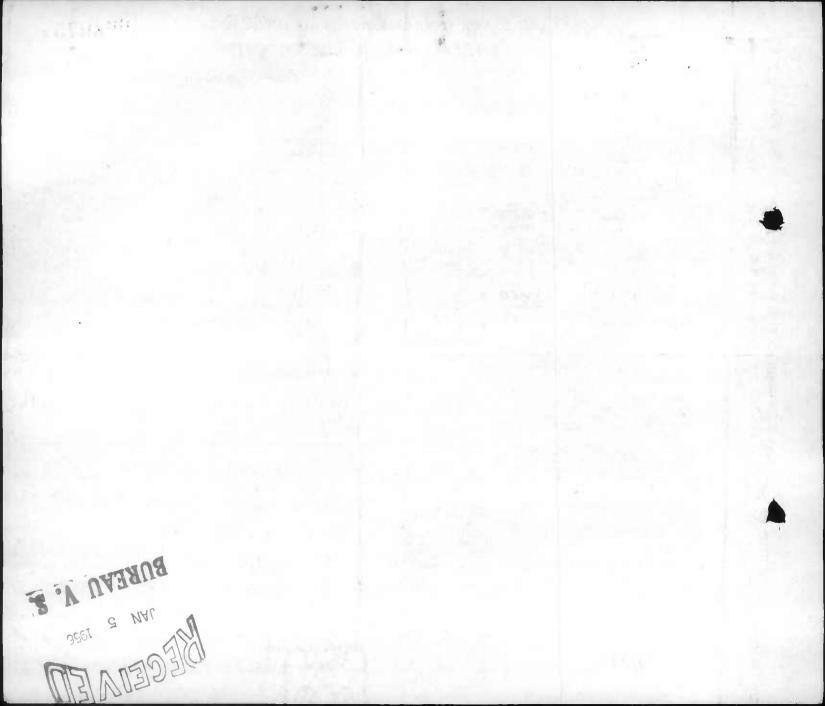
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BECEINE

	MENT OF HEALTH—BALTIMORE,	18 00757
795 CERTIFICA	ATE OF DEATH Re	eg. Dist. No. 2/6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
COUNTY MONTGOMERY MARYLAND		COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF SOR and give nearest town) (in this place	STAY CITY (If outside corporate limits, write I OR TOWN C GSMM to L	RURAL and give nearest town (23) (6×2)
HOSPITAL OR INSTITUTION OR STREET ADDRESS NATURAL TWITTERS of	STREET ADDRESS 4603 Le	e location) WS AUR.
3. NAME OF DECEASED: (Type or Print) (First) (Middle)	(Last) 4. DATE (Month) OF DEATH:	(Day) (Year) 2 19 5 6
RACE: WIDOWED, DIVORCED,		onths Days Hours Min.
work done during most of working life, even if retired):	SS OR II. BIRTHPLACE (State or foreign country	y): 12. CITIZEN OF WHA?
13. FATHER'S NAME: Robert Hancock.	2 12 abeth Cay	W00C
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of service)	13 Portien on admission	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH A COS X Immediate cause (a) Anuria and Due to	La dancia	Interval Betwee
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last DUE TO	na, Multiple	4 months
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	I lower lobe broads oneams	inia clays
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT		20. AUTOPSY ?
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, SUICIDE OF office bldg., etc.)	street, (CITY OR TOWN) (COUNTY)	Yes No [
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY At Work		
22. I hereby certify that I attended the deceased from	1,1,1,1955, to, 19.56, tha	he date stated above. DATE SIGNED wn or county) State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRASS

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VS. A15



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VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)	1758
717 CERTIFICATE OF DEATH Reg. Dist.	No. 2 2 3-
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
CITY (if outside corporate limits, write BURAL on OR and give pearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECKASED: (Type or Print) 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 1	(Yanch Rd. (Year)
work done during most of working life, even if retired): House will be a sewified in the sewif	U-S. G.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, in, or unit.) (If Yes, give war or dates of service)	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
33/X archrol hemorehuse	ONSET AND DEATH
DUE TO	. 1 (
Antecedent cause(s) Discases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Arteriosclerosci	Indeknite
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) INJURY	Yes No
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while INJURY M. work at work	
22. I hereby certify that I attended the deceased from	e stated above. DATE SIGNED

BUREAU V. E.

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DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND	STATE DEPARTMEN	T OF HEALTH—B	ALTIMORE, 18	00759
713	CERTIFICATI	E OF DEATH	Reg. Dist	t. No. 223
1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASE	D:
1. PLACE OF DEATH: COUNTY On 1 9 0 m 2 v CITY (If outside corporate limits, wri	MARYLAND	STATE	COUNTY	- 47x-3
	te RURAL LENGTH OF STAY	CITY(If outside corpora	ate limits, write RURAL	and give nearest town)
TOWN 13 Koma Pa	+K. 31 days.	TOWN 1) IS	ric1 0 (- lumbia
HOSPITAL OR	~ " " \ \	STREET ADDRESS	(If rural give location)	10/10
75 STREET ADDRESS Was A. Jah	ilarium d Hospila	(Last) /930	Columbia	Nd. V.W
3. NAME OF DECEASED:	(Middle)	Harber. 4.	OF	(Day) (Year)
(Type or Print) / Y & C 5. SEX: 6. COLOR OR 7. SING	LE. MARRIED, 8. DATE		last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
RACE: WIDO	OWED, DIVORCED,	16-90 6	yrs. Months 1	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life,	108. KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (State	or foreign country): 12.	CITIZEN OF WHAT
Kro Kev.	Invest. Broker			U.S.0
13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
James Harl	16. SOCIAL SECURITY NO.	17. INFORMANT & ADD	Baesch	lih
(Yes, no, or unk.) (If Yes, give was or dat	16. SOCIAL SECURITY NO.	11	0 . 1	
of service) YV, YV	18. MEDICAL CERTIFICAT	1 2 6 2 6 1 2 1	Kecot 92	
I DISEASES OR CONDITIONS DIRECT		TON 0		INTERVAL BETWEEN
610 X	Part- onen	Tive hamonag	(TRASUL	Heres
ANTECEDENT CAUSE (S)	DUE TO ONE	ted mus		
DISEASES OR CONDITIONS, IF ANY,	(B) AFIBRIA	10 gen almia		18 horns
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
II OTHER SIGNIFICANT CONDITIONS	(C)			
TO THE DEATH BUT NOT RELATED	TO THE OPORI	10 Useular 1	Recedent	70
19A. DATE OF OPERATION: 19B. MAJ		N S	- I	20. AUTOPSY?
1.19.56 Pre	stalu typul	resolic .		YES NO NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	tory, 21c WHERE DID (C	City or town) (Coun	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
M.	at work at work			
22. I hereby certify that I attended	1			
	and that death occurred at	440 A. M. from the cau		
SIGNATURF + + C. C. O.	TA. GARRES	ADDRESS 1835 Te 57.	. 0.0	1-20-56
23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEMEN	ERY OF CREMATORY	CATION City, town, o	r county) (State)
Baried 1/23/3	56 Mt. Oli	vet 1	Vashindon	NC
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24. FUNERAL DIRECT	OR An .	ADDRESS
JUN-101956 1110	non Noun:	I Trancus &	tollins 36	11745 NW

VS.

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DECEIVED SS. 1956

BUREAU V. S.

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VS.	DI

3 796	CERTIFI	CATE	OF DEAT	rH	Reg. Dist.	No. 216
1. PLACE OF DEATH:		1	2. USUAL RESIDE	NCE (HOME)	OF DECEASED	:
COUNTY Montgomery	MARYLAN	ID.	STATE Vir	ginia coul	Fair	fax
CITY (If outside corporate limits, wi	rite RURAL LENGTH	OF STAY	CITY(If outside	corporate limits, v	N I I	
OR and give nearest town) TOWN Bethesda	29 da	nis place)	OR TOWN Her	ndon		83Y-
HOSPITAL OR The Clini	cal Center	.,,,,	STREET		give location)	000
INSTITUTION OR	titutes of He	alth	Route #	2		
NAME OF (First)	(Middle)		Last)	4. DATE (Month) (D	(Year)
DECEASED:	Olden		Harrison	OF		
S. SEX: 6. COLOR OR 7. SIN	GLE, MARRIED,			9. AGE last birthd		
Male White Spe	powed, DIVORCED, scify): Single	May 17		1 vi	Months Da	ays Hours
DA. USUAL OCCUPATION (Give kind of	0711870		11. BIRTHPLACE (1	-	CITIZEN OF W
work done during most of working life, even if retired):						COUNTRY?
3. FATHER'S NAME:			Virgini			U.S.A.
			Evelyn H			
Walter Harrison 5. WAS DECEASED EVER IN U.S. ARMED FORCE	CEST 16. SOCIAL SECUE	DITY NO	17. INFORMANT 8			
(Yes, no, or unk.) (If Yes, give war or da		RITT NO.				2 0- 1
no of service)	None		The medical	record, T	he Clinic	eal Center
IMMEDIATE CAUSE	(A) <u>a</u>	cute	. chrom	u Yneu	montin	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE	DUE TO	vron	in bronc	lutes 16	unati	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY.	DUE TO	vron	in bronce	lutes it	nonti	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS	DUE TO (B) DUE TO (C) S CONTRIBUTING	cute	in bronce	lutes , b	nonti. rondusta Pannes	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE	vron Mro	in bronce	lutes ; b	rondusta Pannes	ONSET AND D
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE	vron Mron	is bronce	lutes ib	nonti. Pangea	20. AUTOP
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH.	operation	in bronce	lutes 16 seare d)	ronductor Langes	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF (e, farm, facto	in bronc ryster de	lutes be seened)	Pangea	20. AUTOP
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF (1) 21B. PLACE (Home of Injury street, 1)	e, farm, facto	in bronc ryster de	lutes be seened)	Pangea	20. AUTOP
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hot	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF (1) 218. PLACE (Home of INJURY street, 1) 1 218 INJURY	e, farm, facto office bldg.,	in bronc ryster de	lutes it	Langes (County	20. AUTOP
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hot	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF (Mone) 21B. PLACE (Home OF INJURY street, While No	e, farm, facto office bldg.,	in bronce	lutes it	Langes (County	20. AUTOP
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hoto	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF 21B. PLACE (Home OF INJURY street, While At work at work at	e, farm, factor office bldg.,	ory, 21c. WHERE Detc. INJURY OCCUP	OID (City or town	Pangea n) (County	20. AUTOP YES NO
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hot OF INJURY M. 22. I hereby certify that I attende	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF OF INJURY street, While At work at	office bldg., OCCURRED of while work	21c. WHERE Detc. INJURY OCCUP	OID (City or town	Funges (County	20. AUTOP YES (State y) (State
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hot OF INJURY M. 22. I hereby certify that I attende	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF 21B. PLACE (Home OF INJURY street, While At work at work at	office bldg., OCCURRED of while work om Dec 22	21c. WHERE C etc. INJURY OCCUP 21f. HOW DID 1 2, 19.55 to	(City or town NJURY OCCUR?	Panels (County) (that I last on the date s	20. AUTOP YES (State y) (State
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hor OF INJURY M 22. I hereby certify that I attende alive on Jan. 20, 19 56,	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF OF INJURY street, While At work at	office bldg., OCCURRED of while work om Dec 22	21c. WHERE C etc. INJURY OCCUP 21f. HOW DID 1 2, 19.55 to	(City or town NJURY OCCUR?	Panels (County) (that I last on the date s	20. AUTOP YES NO (State) saw the decetated above.
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY 22. I hereby certify that I attended alive on Jan. 20 19 56, SIGNATARF 23. BURIAL, CREMATION, DATE TH	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE IG DEATH. JOR FINDINGS OF 21B. PLACE (Home OF INJURY street, While No at work at ed the deceased fro , and that death oc	office bldg., OCCURRED of while work om Dec 22	21c. WHERE CONTROL OF THE COLOR OF THE Clinica	(City or town NJURY OCCUR?	Panels (County) (that I last on the date s	20. AUTOP YES NO (State saw the dece tated above. E SIGNED //2//5
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION: 19B. MA 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Horof INJURY M. 22. I hereby certify that I attended alive on Jan. 20, 19 56, SIGNATORF	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE IG DEATH. JOR FINDINGS OF 21B. PLACE (Home OF INJURY street, While No at work at ed the deceased fro , and that death oc	of farm, factor office bldg OCCURRED by while work om Dec 22 courred at	21c. WHERE CONTROL OF THE COLOR OF THE Clinica	(City or town NJURY OCCUR?	Pangea (County), that I last on the date s	20. AUTOP YES NO (State saw the dece tated above. E SIGNED //2//5
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST IT OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 9A. DATE OF OPERATION: 19B. MA 10. ACCIDENT WAS UNDERLYING 10. CONTRIBUTING CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER) 10. TIME (Month) (Day) (Year) (Hot 11. TIME (Month) (Day) (Year) (Hot 12. I hereby certify that I attended alive on Jan 20 19 56, SIGNATURE 23. BURIAL, CREMATION, DATE TH	DUE TO (B) DUE TO (C) S CONTRIBUTING TO THE G DEATH. JOR FINDINGS OF 21B. PLACE (Home OF INJURY street, While At work at work at ed the deceased fro and that death oc	of farm, factor office bldg OCCURRED by while work om Dec 22 courred at	21c. WHERE CONTROL OF THE COLOR OF THE Clinica	OID (City or town NJURY OCCUR? An 20, 19 56 The causes and of the causes and of the causes are of th	Pangea (County), that I last on the date s	20. AUTOF YES NO (State Saw the decented above. E SIGNED //2//5

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00761

Reg. Dist. No. 2/1/a 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Montgomery STATE Maryland Montgomerv COUNTY MARYLAND (If outside corporete limits, write RURAL (If outside corporete limits, write RURAL end give nearest town) LENGTH OF STAY (In this place) and give neerest town) Chevy Chase Chevy Chase TOWN HOSPITAL OR STREET (If rural give location) 8818 Hawkins Lane. INSTITUTION OR **ADDRESS** 8818 Hawkins Lane.. STREET ADDRESS (First) (Middle) (Last) 4. DATE (Month) (Day) 3. NAME OF (Year) DECEASED Hawkins Emily DEATH Jan. 21. (Type or Print) 19 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED DIVORCED ed Coffeed Female July 22. 1871 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) Housekeeper OR INDUSTRY COUNTRY? Maryland. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bradley Carroll Hariett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS
Ella C. Hawkins 8818 Hawkins Lane., 16. SOCIAL SECURITY NO. (If Yes, give wer or detes of service) (Yas, no, or unk.) Chevy Chase, Md. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH erebro-vaseular-accident DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE roncho 2000mon1a DISEASE OR CONDITION CAUSING DEATH 19a DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES | 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) While Not while et work et work 19.5 1-21, 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from, and that death occurred at 21.30 P.M. from the causes and on the date stated above. SIGNATURE DATE THEREOF LOCATION (City, town, or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Suitland. Md. 24/56 Burial Lincoln Memorial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF SEALING BEAUTHARE, 18

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					NAME OF STREET	
	Chury Charle				COUNTY PERSON	
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ages of NA	NE-SERVICES.		31			1201234
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ATTENDING PHYSIC: OR HOSPITAL: The law requires that the death certific: The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSIC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 798

00762

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Montgomony	
OR and give nearest town) (in this ptece)	CITY (If outside corporate limits, write RURAL and give neerest town) OR Washington
TOWN	410-5
HOSPITAL OR INSTITUTION OR 14511 Colesville Rd.	STREET (If rurs! give location) ADDRESS 719 8th St. N.E.
3. NAME OF (First) (Middle) DECEASED RORFRT	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ROBERT	HAYES DEATH 1 4 56
	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR
M White (Spacify) Widowed J	uly 17, 1876 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) Het. D.C. COVT Fireman	Maryland USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Ellen Hayes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS MERS I. 17710 Stack
Yes, no, or unk.) Spanish—American None	719 8th St. N.E. D.C.
	AL CERTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
4.0. IMMEDIATE CAUSE (A) Acute Coronar	y Occlusion 5 Min.
ANTECEDENT CAUSE(S) DUE TO Teneralized A	rterosclerosis
CIVING PISE TO THE ABOVE CALISE	1 001 00 0201 00 25
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
PAR PART OF CALLANDA	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while At work et work	
	10h 1051 A)00 2/ 1055
1100 / 50 /	ch, 19.54, to alle 26, 19.55, that I last saw the deceased
alive on	irred at
SIGNATURE OF THE STATE OF THE S	ADDRESS (Street, city, town, stete) DATE SIGNET D. 2902 Porter St. N.W. D.C. 1-4-56
	TERY OR CREMATORY LOCATION (City, fown, or county) (State)
DEMOVAL (SDECIEV)	Hill Cemetery Suitland, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1/25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-10-56 Travers talle	2 300 4th St. N.E.

AN ASTALABLE STATE DEPARTMENT OF HEALTHANDED TO CERTIFICATE OF DEATH

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OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

REGISTRAR 16 Jan

1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00763

CERTIFICA'	TE OF	DEATH

CERTIFICATE	E OF DEATH Reg. Dist	. No. 215		
1. PLACE OF DEATH: COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE SO. Carolina COUNTY	D:		
CITY (If outside corporate limits, write RURAL OR and give nearest town) Town Bethesda Rural CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) 7 mo. 26 days	CITY(If outside corporate limits, write RURAL	and give nearest town)		
HOSPITAL OR INSTITUTION OR SISTREET ADDRESS U.S. Naval Hospital	STREET (If rural give location) ADDRESS P.O. BOX 129	1		
DECEASED: (Type or Print) James Paul HEN	NDRICKS OF January	Day) (Year) 14 19 56		
RACE: WIDOWED DIVORCED	COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9 AGE last birthday is unper			
Work done during most of working life, USEN iMARTHE CORPS 108. KIND OF BUSINESS OR INDUSTRY: U.S. MARINE CORPS	ri. Birthplace (State or foreign country): 12. Georgia	COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
James Robert HENDRICKS	Mary Jane			
Yes, no or unk.) (If Yes, give war or dates none	Wife: Marie HENDRICKS, P.O. B	ox 129,		
STATING UNDERLYING CAUSE LAST.	ry Compression stoma Multiforme	INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lar fneumonia			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)		
OF INJURY OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work				
22. I hereby certify that I attended the deceased from 14 Jan alive on 14 Jan 1956, and that death occurred at signature flevald 1. Shugoll LTJG, MC, USN U. S. Name of CEMETER PRANT (SPECIFY) 18 Jan 1956 EVERGREEN	5:10PM, from the causes and on the date ADDRESS DATE Val Hospital, NNMC, Bethesda, M ESY OF CREMATORY LOCATION (City, town. or	stated above. re signed aryland county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	R.A. PUMPHREY 7557 Wisconsin			

Maryland

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S 0 MARYLAND STATE DEP.	ADTMENT OF H		TIMODE	10	Reg. Q.7.64
MEDICAL EXAMINE			,		I No. 2/6
I. PLACE OF DEATH:	1	2. USUAL RESIDEN			
county Montgomery	MARYLAND	STATE Maryl	and coun	TY Mont	gomerv
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda	LENGTH OF STAY (in this place)	CITY (If outside OR			and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#3		STREET ADDRESS	(If ru.F.D.#3	ral, give location	on)
7. NAME OF (First) (DECEASED:	Middle)	(Last)	4. DATE OF	(Month) (Day) (Year)
	Lee I	HILL	DEATH	January	5 19 56
	DIVORCED,		. AGE last bir	thday: IF UNDER	I YEAR IF UNDER 24 HRS. Days Hours Min.
	single 6-	-1-1955	(84-4	yrs.	12. CITIZEN OF WHAT
	INDUSTRY:	Markla		eign country):	COUNTRY!
13 FATHER'S NAME.	U:11	14. MOTHER'S MAI		**	
Chester A.	Hill			Nanc	y Doan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ——		7. INFORMANT & A	doress:	Father	Chester A.
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	umonia				INTERVAL BETWEEN ONSET AND DEATH 24 hours
II. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH.	THE				
19a. DATE OF OPERATION: 19b. MAJOR FINDI	NG OF OPERATION:				20. AUTOPSY? Yes □ No 🏲
PRIMARY or CONTRIBUTING OF CAUSE OF DEATH. OF INJUI 21d. TIME (Month) (Day) (Year) (Hour) 21e. I W	E (Home, farm, factory, street, office bldg., etc., RY NJURY OCCURRED nile at Not while rk at work	21f. HOW DID II		(County)	(State)
22. I hereby certify that I took charge of find that death resulted from: Natura SIGNATURE	al causes 🛱 , Accide	nt [], Suicide [CHIEF DEPUT M. D. ASSIST], Homicid MEDICAL EX TY MEDICAL I TANT MEDICA	e [], Unde KAMINER EXAMINER L EXAM.	termined cause []. DATE SIGNED Jan. 5, 1956
23. BURIAL CREMATION, DATE THEREOF REMOVAL (Specify): 1-7-1956 DATE REC'D BY LOCAL REGISTRAR'S SIGN. REG. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	10 1.	OR CREMATORY	Rock	(City, town, or	Md
2011 1 22 24 24 24 24 24 24 24 24 24 24 24 24	Geonfason	the went	Jun	1 d	Bethesda, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()0765

8 1 CERTIFICATE OF DEATH

			411
Reg.	Dist.	No.	2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY MONTGOMERY MARYLAND	STATE MAY AND COUNTY MA	VI BAMOSII
CITY (If outside corporate limits, write RURAL) I FNGTH OF STAY	CITY(If outside gorporate limits, write RURA	
OR and give nearest town) (in this place)	OR /	7 und give intuited point,
Deinesda la days	10 e cu v-v-u	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sy burban Hosp	STREET (If rural give location ADDRESS	on)
	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Robert R. Hog	STON DEATH: JAN	15 1956
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 8. DATE WIDO	9. AGE last birthday Months 9. Tyrs.	
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired)	Smith Co. Virginia	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	М, О,
Samuel Hoaston	Mary Surber	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Wite-Ethel Hogston	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
3321		1,5
IMMEDIATE CAUSE (A) DUE TO	unific	13 mas
ANTECEDENT CAUSE (S)	0 21 1.	2//
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Throntons	IC has
(C) Arrhus	Lean .	201
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	mayon	many
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	N.	
138. MASON PROBLEMS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Co	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1 . 1956 to 1/15/1956 that I l	ast saw the deceased
, 1	/ 1	
alive on		DATE SIGNED
2:1110	D. Robelle med	1/15/56
	ERY OR CREMATORY LOCATION (City, town	or county) (State)
REMOVAL (SPECIFY)		ty, Virginia
Burial - Transit 1-18-56 LIZZADECH	24.7 FUNERAL DIRECTOR	ADDRESS
REGISTRAR 10/50 Bearing House From	Kebert (1. tumphry Bethe	
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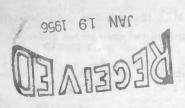
COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (County) (State) Jan / 6, 1956, that I last saw the deceased , 19 56, and that death occurred at 10 30 AM, from the causes and on the date stated above. alive on 1. ADDRESS SIGNATURE DATE SIGNED M.D. 7733 alasha au. nw · North'd C. o saucron NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) Hillcrest Cemetery Temple, Bell County, Texas 1/20/56 Trans. & Burial REGISTRAR'S SIGNATURE 24. FUNERAL DRECTOR Www.Silver Spring.

(Day)

16

(Year)

1956



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(Day)

Days

(Year)

Hours

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(STATE)

Virginia

Yes No No

DATE SIGNED

ADDRESS

(State)

COUNTRY?

U.S.A.

IF UNDER 24 HRS.

DECENAEL

BUREAU K. E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00768

Items 1,12 FilmG191 1-13-56 et .	a di Dist. No.	
1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE, (HOME) OF DECEASED COUNTY,	monta
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR	CITY (II outside corporate limits, write RURAL and give OR TOWN STREET (If rural give location)	nearest town
INSTITUTION OR Manylandy Kest Homes	ADDRESS Semanton	9 1
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) - 5 (519
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	6. DATE OF BIRTH 9. AGE last birthday If under I Months yrs.	year IIf under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY JUNIOR	11. BIRTHPLACE (State or foreign country) 12.	CITIEN OF WHAT
13. FATHER'S NAME	Deutses Maiden NAME Madle	
15. Was DECRASED EVER IN U.S. ARMED FORCES? / 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of ervice)	17. INFORMANT AND ADDRESS Please	de
I8. MEDICAL CER	RTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONEST AND DEATH
1420.1 Immediate cause (a) Cusonary	outusion	Immeliate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	elesosis	3 years
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No f
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan.	, 195 (, to Jan 2 , 195 , that I last sa	w the deceased
alive on Jan 6 , 195 6 , and that death occurred at 5 SIGNATURE: (Degree or title)	ADDRESS and on the date sta	ted above. DATE SIGNED
23. BURIAL CREMATION DATE THEREOF AND NAME OF CEMETER	genantown mos	
REMOVAL (Specify)	Washington	2.01
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1-9-54 Zausell A. Bragues	24. FUNERAL DIRECTOR	ADDRESS Serv
,	5732 Ma, Gi	re. 1V. W.

OBVEDENCE NAL

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

374

CERTIFICATE OF DEATH

or Diet No 216

00769

CERTIFICATI	OF DEATH R	leg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF E	DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY	mantamens
CITY (If outside comperate limits write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write	RURAL and give nearest town
OR and give nearest town) (in this place)	TOWN Solares & pai	
HOSPITAL OR	STREET () (If fural give	Accetion)
INSTITUTION OR	ADDRESS 4	
STREET ADDRESS Subjurban Haspilal	12.117 Deorgia	arenio
NAME OF (First) (Middle)	(Last) 4. DATE (Mont	th) (Day) (Year)
(Type or Print) whele Dewill Inst	DEATH:	1- 15. 1956
SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE		F UNDER 1 YEAR IF UNDER 24 HRS.
male white (Specify) marked 8-2	1-92 63 yrs.	Months Days Hours Min.
NA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign count	
work done during most of working life OR INDUSTRY:	Visiona	COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Think monae	Chrismond (1)	22 - 1/-
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	mule
Yes, no, or unk.) (If Yes, give, wap or dates	1 4 4 Q 0	
yes of service wat war 15/1-03-1141	barnett & Inecor y	U,
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
141X	// . / .	L A 17
IMMEDIATE CAUSE (A)	robusin lutat.	Esak week.
ANTECEDENT CAUSE (S)	fe:	11 -
DISEASES OR CONDITIONS, IF ANY, (B)	Ta Cleumone	ver 1 mos:
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		./
(C) allenos	na Jonens	5/2 400
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1000	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chimon helater	0,
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
horse 1952 Roude Coule de	real in Tomares	YES NO
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact		(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While at work at work		
20 There was for the Table of the Jersel from Page 6	1051 40 /10 15 1056 44	at I last sam the January
22. I hereby certify that I attended the deceased from Pac 2	2150	
alive on		
SIGNATURE	ADDRESS	DATE SIGNED
	.D. ERY OR CREMATORY LOCATION (City)	ywn, or county) (State
REMOVAL (SPACIFY) AM 19 1916 Sul Lineal	Constant Prize	Char Ca mid
pure son 11. The ent reneral	La surface of the surface of	The state of the s
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	PANALL ALVEST
110136 Deane M Lambara.	1 . William Dallacers, 434	- NO WILL THE PARTY OF THE

VS. A15 — 10 - 53

EUREAU V. S.

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BECEINED

CERTIFICATE OF DEATH

ADDRESS

Bethesda

DIRECTOR

	OERTIFICATI	of DEATH	keg. Disi	I. No. 10. 1. P
1.	PLACE OF DEATH:	2. USUAL RESIDENC	E (HOME) OF DECEASE	D:
	COUNTY OD ONT GOMENU MARYLAND	STATE Md	COUNTY MADE	pattanner.
	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corp.	orate limits, write RURAL	and give nearest town
9	OR and give pearest town) (in this place) TOWN Settless a GUYS	TOWN ROX	ne-da	
-	HOSPITAL OR	STREET	(If rural give location)) /
90	STREET ADDRESS AHa Vista Rest Home	ADDRESS 7802 8	naple Ridge K	2
3.	NAME OF (Eirst) (Middle) DECEASED:	(Last)	4. PATE (Month)	Day) (Year)
L	(Type or Print) ~4/1a ~ane	eNNEY	DEATH: JON 6	18 1956
5.	SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): //	OF BIRTH: 9. AC	Te last birthday truncer to Months 1	Days Hours Min.
10/	. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State	or foreign country): [12.	
) T	work done during most of working life, or INDUSTRY: Overlib fried Gen. Practice Doctor	Gallotin	missaud	COUNTRY?
13	FATHER'S NAME:	14. MOTHER'S MAIDE	IN NAME:	(4, 4
	Joshua Hillis Alexander	Roe A	NN Richa	rdson
15.	WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & AL	DRESS: 4802 ma	PleRideRd.
	es, no, or unk.) (If Yes, give war or dates None	mr. resto	V A Alexande	v Beth md
	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	D	0.15	ONSET AND DEATH
	IMMEDIATE CAUSE (A) Bring	ho puentos	u'a	12 les
	ANTECEDENT CAUSE (S)	, , , ,	1 1 - C	
l p	ISEASES OR CONDITIONS, IF ANY, (B) 5 475	, bed mual	i'desin 1704	4
G	TATING UNDERLYING CAUSE LAST. DUE TO	^ 1	1 1 /	
"	(c) Senilit	t tracture a	lidism from	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19	A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY?
0				YES NO
OR	A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID INJURY OCCUR?	(City or town) (Coun	ity) (State)
	D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJU	RY OCCUR?	
OF	"INJURY M. While at work at work			
22	. I hereby certify that I attended the deceased from	. 194Q to 1-2	that I last	t saw the deceased
	alive on 1-27, 1956, and that death occurred at	9 70 M from the c	augas and on the date	stated above
	SIGNATURE AL	ADDRESS	DA	TE SIGNED
	Ilm. M. Tallinger	I. D. /8	of Lge N.W	1-29-56
23	DEMOVAL COMMENTS		LOCATION (City, town, o	r county) (State)
	Burial 2-1-1056 Ft. Linco	oln Cem	Prince George	s Md

A15-VS.

DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S SIGNATURE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF H	EALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERT	TIFICATE OF DEATH	No. 2/3
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTAMERY MARYLAND	STATE Ind COUNTY Minte	1
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Surtherland	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS 1770 (If rural, give location)	/
DECEASED: (Type or Print) Ella Mal		(Year)
The state of the s	5 1911 44 yrs. Months Da	
work done during most of work, life, even if retired): from security 10b. KIND OF BUSINESS OR INDUSTRY:		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Revealed of the	14. MOTHER'S MAIDEN NAME:	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRESS Donald - Rock	enlle
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last	Juny wounds of ants	20-30'
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	The state of the s	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes № No □
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, effice bldg., etc., INJURY	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 7.3e PM - 1-23-1(M. While at work at wor	Shot by hu favel	1014
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes , Accide SIGNATURE & Broschart		Inquiry □, and mined cause □. DATE SIGNED /- 2 \/- 5 6
BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	COR CREMATORY LOCATION (Gity, town, or con-	ADDRESS
REG. 1/25/54 Lansel St. Graglary	Robert K. Sunden-Rock	relle, me

BUREAU V. S.

SEEL SS NAL

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

MEDICAL EXAMINER S CER	TIFICATE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Md COUNTY Monto	T
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Control (Punal)	CITY (If outside corporate limits write RURAL age	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smith Store Norberk	STREET (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) (Middle) Ahns	(Last) 4. DATE (Month) (Day OF DEATH	(Year) 7 19 5 6
5. SEX: 6. COLOR OR NIDOWED, DIVORCED, (Specify):	E OF BIRTH: 9. AGE last birthday: F UNDER I Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during finds of work life, even if retired) INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT
13. FATTER'S NAME: Foliuson	14. MOTHER'S MAIDEN NAMES Traft	
16. WA DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war of dates of service)	17. INFORMANT & ADDRESS: Nerwool	, md
18. MEDICA	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Coronary	occlusion,	Dudden
Antecedent cause(s)		diash
Diseases or conditions, if any,		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
0		Yes 🗆 No 🖸
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile INJURY M. Work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes X, Accid	dent ☐, Suicide ☐, Homicide ☐, Undete	rmined cause [].
Thank I Broschart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	1-27-56
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	OR CREMATORY LOCATION City, town or co	ounty) (State)
June 1/1/50 vreinger	on rapport orlingion	JU a
DATE REC'D BY LOCAL REGISTRAM'S SIGNATURE REG.	24 DU LERAL DIRECTOR - ROC	ADDRESS
1-31-36 remarks of suppress	The contract of the contract o	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.

(Year)

Hours

IF UNDER 24 HRS.

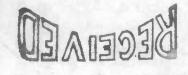
Interval Between

Onset And Death

20. AUTOPSY ?

ADDRESS

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BUREAU V. S.

3881 23 NAL

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

CERTIFICATE OF DEATH

Montamery	Reg. Dist. No
1. PLACE OF DEATH WORLD	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY STATE TO THE MARYLAND	STATE WO COUNTY SI IN STORE MENTINE
CITY (If ourside corporate firmits, white RURAL LENGTH OF STAY OR end give nearest fewn) (in this plece)	CITY (if putside corporete limits, write RURAL end give neerest town)
56 TOWN SI WENSIOTHIA FRALEINA	TOWN
HOSPITAL OR INSTITUTION OR	STREET (If rural give focation) ADDRESS ,
STREET ADDRESS	1923-EAST WEST HIEHWAY, S.S. MD.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Monin) (Uay) (Year)
(Type or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 18. DATE O	F BIRTH 19. AGE fast birthdey 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED	F BIRTH 9. AGE fast birthdey IF UNDER 1 YEAR' IF UNDER 24 HRS. 6, 1874 8 yrs. Months Days Hours Min.
108. USUAL OCCUPATION GIVe kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ANNAPOLIS, MD
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL JONES	JULIANNA THOMPSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or detes of service) (The service of the service) (The service of the service) (The service of the ser	17. INFORMANT & ADDRESS
NO 377-05-9979F	(112/1121-)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) LLOYDUM	Herombosis 2 days
DISEASES OR CONDITIONS, IF ANY, (B)	being failure preas
GIVING RISE TO THE ABOVE CAUSE DUE TO	
10 byler is a cepter	Heart I island . Whyown
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
o now	YES NO 🔯
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	1c. WHERLOD NJURY OCCUR? (City or town) (County) (Stata)
	21f, HOW DID INJURY OCCUR?
M. While Not while at work	Marce:
22. I hereby certify that I attended the deceased from. A.A. 2	19.5. La to Quin 2, 19.5. (p, that I last saw the deceased
alive on 1 Call	
SIGNATURE	ADDRESS (Street, city, town, stata) DATE SIGNED
23. AUNAL CREMATION, DATE/THEREOF NAME OF CEMETERY OR	2/3-TAV NKOAG-WORK J) (=442)6
REMOVAL ISPECIFY	11/2016
24 REC'D BY REGISTRAR REGISTRAR'S SUSNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Com 3/456 Frances Potter	La W. Into & Sons Timerapoles Md.

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DERTIFICATE OF DEATH

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E (1 810 CERTIFICATE OF DEATH Reg. Dist. No. 2/6
iformation carefully.	1. PLACE OF DEATH: COUNTY MONTAI MEYY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Bethesda HOSPITAL OR INSTITUTION OR STREET ADDRESS WARYLAND 2. USUAL RESIDENCE (HOME.) OF DECEASED: STATE Md. COUNTY MONTAI MEYY CITY(If outside corporate limits, write RURAL and five nearest town) OR TOWN 520 9 A CACIA AVE. STREET (If rural give location) ADDRESS Bethesda
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. especially important. Physicians: please write the causes of death clearly and legibly.	3. NAME OF DECEASED: (Middle) (Last) (JR) (Month) (Day) (Year) OF DECEASED: (Type or Print) (Obey 1 A WOON JULIA (JR) (DEATH: / 19 1956) 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED, WIDOWED, DIVORCED, Feb. 12 886 (99 yrs.) (Months) Days Hours M. Months Days Work done during most of working life. OR INDUSTRY: even if retired) Real Estate Brokey 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: ELIA Urania Baker
INK.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates No of service) UNKNOWN 17. INFORMANT & ADDRESS: UNKNOWN 17. INFORMANT & ADDRESS: UNKNOWN
WITH UNFADING IN t. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A)
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. ANTOPSY
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?
PLEASE TYPE OR correct age is	22. I hereby certify that I attended the deceased from
ρι	REGISTRAR 2 1 5 1 0



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BECEIVED

VS. A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMOR DEATH	RE,	18	00'	775
3.0	CEF	RTIFICATE	OF	DEATH	Dam	Diet	NIC	223

		Reg. Dist. No.
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	COUNTY MARTAINE CALL MARY AND	STATE MARY COUNTY NO INTEGENCY
	COUNTY Many Land CITY (If outside conforate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place)	TOWN SILVEY Spring
	HOSPITAL OR Eventide Rest Home	STREET (If rural give location)
	To STREET ADDRESS 700 Hudson AVE	9409 NEW-Hampshire 701
	3. NAME OF DECEASED: (First) (Middle) Rector Rector	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 32 19 19 19 19 19 19 19 19 19 1
		OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
	M RACE: WIDOWED, DIVORCED, SEPT.	16-1878 77 yrs. Months Days Hours Min.
1	IOa. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FAYRORT	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Klalker KERMEr	Mary Pangle
	(Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS: / 16 > 8 Eutaw 81
0	10 service) No.	hart LICENEV (Son) Balto-Ma.
	18. MEDICAL CERTIFICATION	ON Interval Between
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
	Immediate cause (a) Droncho-Pne	rumanic Dilateral Idays
	Immediate cause (a) DUE TO P	remona of Prostate 111
	Antecedent causes (s) Diseases or conditions, if any, (b) (D) (1.2)	etastases to abdominal, years
	giving rise to the above cause stating the underlying cause last.	nd lymph nodes
	Referio on ha	ism left femoral artery Z mouths
	II. OTHER SIGNIFICANT CONDITIONS	1 / // /
		locosis, generalized undetermine
h	199. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Dec4, 1954 Carcinoma at 7	rostate, matestases Yes No B
	21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) INJURY PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TÓWN) (COUNTY) (STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?
	OF While at Not While INJURY m. Work At Work	
	22. I hereby certify that I attended the deceased from 2 2	1957, to Jan 2, 1956, that I last saw the deceased
	alive on 21, 19 , and that death occurred at	from the causes and on the date stated above.
	BIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1	7 - 7	
1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER OF COMPANY LAND STORY OF CEMETER OF	Park bern talls Sheich va
		24. FUNERAL DIRECTOR, ADDRESS
	Jan 22-1956 7- Trunon 1800	J. IT. HINES CO, 2901-14 SI MW
		Wash. D.C.



3261 38 NAU

BUREAU V. S.

VS.

MARYLAND STATE	DEPARTMENT OF	HEALTH—BALTIMORE,	18	00778
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811 CERTIFICATE	E OF DEATH Reg. Dist.	No. 3/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY MONTGOMERY MARYLAND	STATE Md. COUNTY MOR	13 - 100 0.0.1
COUNTY WON 140 W. C.Y. MARYLAND CITY (If outside conforate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
OR and give nearest town) TOWN Bethes da 26 hours	Fown Bethesda	The manage way, my
HOSPITAL OR		
TINSTITUTION OR SUBURBAN HOSP-	ADDRESS 9721 Montaux	Ave,
DECEASED:	II. OF THE	Ouy) (Year)
(Type or Print) 1111 Vapid d	DEATH: O AVI	1956
Female Chite (Specify): 6. COLOR OR 7. SINGLE MARRIED. 8. DATE (WIDOWED DIVORCED. Specify):	The state of the s	EAR IF UNDER 24 HRS. Bys Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during, most of working life. even if retired) OUSEWITE	Lowa	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Stanlon	Mary Galligan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Item# 2	
(Yes, no, or unk.) (If Yes, give war or dates None	Mrs. R.E. Cavanaugh - daug	hter
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebal	- Thrombosis	26 dans
ANTECEDENT CAUSE (S)		0
DISEASES OR CONDITIONS, IF ANY. (B)	. Hear Pisene	Hyear
GIVING RISE TO THE ABOVE CAUSE DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
0		YES NO NO
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M. while Not while at work at work		
22. I hereby certify that I attended the deceased from Page	17, 1923, to 3, 1934, that I last	saw the deceased
alive on S., 19 6, and that death occurred at		stated above.
I X X and MP M	. D. 3701 Leland St. Ch. Ch. Md.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	
Burial-Transit 1-4-56 St. Josephs		Iowa
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	34 FUNE AL DIRECTOR	ADDRESS

e NAL

BUREAU V. S.

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at work

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

YES XX

(State)

(County)

Reg. Dist. No.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Alexandria Virginia COUNTY Montgomery CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) ADDRESS203 Old Domindon Blvd. (Year) DATE (Month) Jan DEATH: 19 9. AGE last birthday IF UNDER ! YEAR IF UNDER 24 HRS. Months 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL BETWEEN ONSET AND DEATH

OF INJURY

18 OR

TYPE

PLEASE

21E INJURY OCCURRED While Not while 21E. HOW DID INJURY OCCUR? at work

22. I hereby certify that I attended the deceased from 12-5-551955, to 1-20, that I last saw the deceased , 1956, and that death occurred at 8A M, from the causes and on the date stated above. alive on SIGNATURE DATE SIGNED

CAMAGA CAPA, MC, USN U. S. Naval Hospital, NNNC, Bethesda, Maryland BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY)

tiva. Arlington National Arlington 1-24-56 Burial 24 R.A. PUMPHREY Funeral Home 755 PW Sconsin DATE RECT 20 196AL REGISTRAR'S SIGNATURE Avenue, Bethesda, Maryland

ptwarmer.ie BUREAU V. & 3261 78 NAL ----hamman of 129 and there are about the first of the WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE OR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 177

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

1. PLACE OF	DEATH:	THE PURPLE	2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY	Montgomery	MARYLAND	STATE Mary	land county Mon	ntgomerv
CITY (If ou OR and go	tside corporate limits, write RU ive nearest town) Olney	FRAL LENGTH OF STAY (in this place)		corporate limits, write RUR. Gai thersburg	AL and give nearest town)
HOSPITAL C			STREET	(If rural give locat	tion)
STREET ADD	N OR	County Gen. Hos	ADDRESS	Summit Hall Tu	
3. NAME OF DECEASED: (Type or Prin	(First) Lona	(Middle) Miller	(Last) Keplinger	4. DATE (Month) OF DEATH: 1	(Day) (Year) 27 19 56
5. SEX: 6		MARRIED, 8. DATE D. DIVORCED, Married	OF BIRTH:	9. AGE last birthday Months	
work done dur even if retired	CUPATION (Give kind of ing most of working life, i): None	KIND OF BUSINESS OR INDUSTRY:	n. BIRTHPLACE	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S	IAME:		14. MOTHER'S M	AIDEN NAME:	
Lauri -	7 24:11.		7	\/////	-44
18. WAS DECEASED (Yes, no, or unk.)	EVER IN U.S ARMED FORCES? (If Yes, give war or dates of service)	IS. SOCIAL SECURITY ND.	Hos	& ADDRESS: pital Records	
	18	. MEDICAL CERTIFICA	TION		INTERVAL BETWEEN
I DISEASES O	R CONDITIONS DIRECTLY L	EADING TO DEATH			ONSET AND DEATH
194X		(A) Adeaoca	rcinoma	of Thyroid	5 month
ANTECEDE	INT CAUSE (S)	DE 10 Gland			
GIVING RISE T	- THE ADOLE OLLIGE	JE TO			
		(C)			
TO THE DEA	IFICANT CONDITIONS CONTINUED TO TO TO THE CONDITION CAUSING DE	HE			
19A. DATE OF OF		INDINGS OF OPERATIO	N		20. AUTOPSY?
Nov. 195.	5 Caremon	e of Thy	roid		YES NO
OR CONTRIBUTION	WAS UNDERLYING 21B NG CAUSE OF DEATH Y MEDICAL EXAMINER)	PLACE (Home, farm, fa	ctory, 21c. WHERE INJURY OCCU		County) (State)
OF INJURY	th) (Day) (Year) (Hour) M.	21E INJURY OCCURRE While Not while at work at work		INJURY OCCUR?	
alive on	ertify that I attended the	deceased from Jan that death occurred a	irom i	the causes and on the di	ite stated above.
SIGNATURE	humailer		M. D. Parth	sulvey, Hed.	Jun. 27, 56
BURIAL, CI	SPECIFY)	NAME OF CEMES	Le House	Y LOCATION (City, town	N. 1 24/
DATE REC'D	BY LOCAL REGISTRAR'S		24. FUNERAL	DIRECTOR	7557 wis are
REGISTRAR	-560 Gertrude	13 Lawly	1. a.	Oumbo hour.	Buth. nat.

BUREAU V. S.

FEB I 1956

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	007	7
019							-

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-	CERTIFICATE	OT	TOTA A TITT

Reg. Dist. No. 2/6

ly.	1. PLACE OF DEATH: \	2. USUAL RESIDENCE (HOME) OF DECEASED:
ib	M to	M T
eg	COUNTY MONIGOMERY MARYLAND	STATE V COUNTY VOY
	OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
and legibly	V TOWN 5/	TOWN Silver Spring
	HOSPITAL OR	211061 2011119
rl.	INSTITUTION OR	ADDRESS (If rural give location)
88	7/STREET ADDRESS DUBLY DAN HOSD.	MT. Bollere Maid
clearly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
ri,	DECEASED: D. 1	(Last) 4. DATE (Month) (Day) (Year)
death	(Type or Print) Darbara timeline n	1 n 9 DEATH: 2 An 4 1956
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
of	Female White (Specify): Dec.	5, 1929 26 yrs. Months Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
an	array of maximal 1	Mary Jan Country?
	even il rectred Housewite	14. MOTHER'S WAIDEN NAME:
he	13. FATHER'S NAME:	14. MOTHER'S WAIDEN NAME:
write the	Raymona Millon Clark	Marguerite lurner
it	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
W	(Yes, no, or unk.) (If Yes, give war or dates	11
	of service)	Herman King-husband
please	18. MEDICAL CERTIFICAT	
ole	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	15114	· // c/ c/40
502	IMMEDIATE CAUSE (A) (Newvel	ucenona, Mitastalae, 1111
an	DUE TO S	1.
Physicians:	ANTECEDENT CAUSE (8:	rungs. 11 +
S	DISEASES OR CONDITIONS, IF ANY, (B)	acciona Reliam / W
h	STATING UNDERLYING CAUSE LAST. DUE TO	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING () +0	Net to be be
ta	TO THE DEATH BUT NOT RELATED TO THE	Dorinery and
100	DISEASE OR CONDITION CAUSING DEATH.	tomigally -
du	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ir	A	YES NO [
>	X.	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	
ec.	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
ds	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 I 2 IF. HOW DID INJURY OCCUR?
e	OF INJURY While Not while	ZIII HOW BID HOURI COCCHI
52	M. at work L	
	22. I hereby certify that I attended the deceased from No.V.	15 1956 to Jan. 3 1956 that I last saw the deceased
age		
	alive on Jan. 3, 1956, and that death occurred at	11 30. PM, from the causes and on the date stated above.
ect	SIGNATURE	ADDRESS DATE SIGNED
correct	19 Chiefs north	. D. Re theel and 1/4/66
00		ERY OR CREMATORY LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY)	0 -0 (011 111) -1 (1)
411	Buryal Mu 7.1956 Oleseell	e emelery assuche Marixand
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

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BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00780 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Montromony	STATE Marvland county Montgomery
COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland county Montgomery CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Rural Brookmont	TOWN Rural Brookmont
HOSPITAL OR INSTITUTION OR RFD Bethesda	STREET (If rural give location) ADDRESS RFD Bethesda
DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: January 3 1956
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 8. DATE Widowed, Divorced. Single Jan.	OF BIRTH: 9. AGE last birthday F UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min.
work done during most of working life, or INDUSTRY: Reten if Cetifed Lockkeeper C & O RR	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benj. F. King	Harriet Frances Sullivan
(Yes, no, or unk.) (If Yes, give war or dates no fervice) no none	17. INFORMANT & ADDRESS: Julia King sister-i law -6100 Ridge Dr. Wash 16, D.C.
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)	salmotie Hear Drie BYEAR
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	dispuemmia 7 DAYS
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21C. WHERE DID (City or town) (County) (State), etc. 1NJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
alive on Dec. 29, 1955, and that death occurred at	ADDRESS DATE SIGNED 1. D. 5009 DelRay Ave. Beth. Md. 1-4-56 ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1 4156 BIMES DI Lhombaon	24. FUNERAL BRECTOR ADDRESS Bethesda, Md.

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OR HOSPITAL: The law requires that the death certifical TO ATTENDING PHYSICIAL OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00782

81 CERTIFICATE OF DEATH

1. PLACE OF DEATH	/ /
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTGOMERY MARYLAND	STATE MCL COUNTY Mouty
CITY (If outside corporete limits, write RURAL / LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
OR end give neerest town) TOWN (in this place)	OR TOWN S P. R. S.
0,2421	Jelver Spring
HOSPITAL OR INSTITUTION OR ()	STREET (If rural give location)
STREET ADDRESS 17 Hilltop (Ed.	ADDRESS 17 Helltop Rd
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Typa or Print) DEBORAH LOUIS KNOBL	OCK DEATH JAN 16 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
F RACE WIDOWED, DIVORCED, DEC	20 1955 Months Day Hours Min.
	20 yrs. 26
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY ratired)	PHILADELPHIA PA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAUL KNOBLOCK	MARTHA Polusky
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give war or dates of service)	SAULWOBLOCK 17 HILLTOPRI.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ONSET AND DEATH
7544 IMMEDIATE CAUSE (A) Congentul	Tear Tiplase
ANTECEDENT CAUSE(S) DUE TO	P
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	util
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, fectory, 2	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21f. HOW DID INJURY OCCUR?
While Not while	
M. at work at work	
22. I hereby certify that I attended the deceased from the legender of the leg	2 193 - to Jan 16 19 56 that I last saw the deceased
	0 93- //
SIGNATURE	ADDRESS (Street, city, town, steta) DATE SIGNED
John Nose M.D. 48	829-16 St. N.W. Wood 11 P. C. 1-16-54
23. BURIAL, CREMITERON DATE THEREOF NAME OF CEMETERY OR	CREMATORY (City, town, or county) (State)
REMOVE SPRENGY	of Mount of the state of me
Burial 1/16-50 George Otes	Hemi and Hamesuneel Mes
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-19-56 Geances Cotter	Tolchery Funeral Dome 1 Bel DC

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VS. A15-10-53

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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0	CERTIFICATE	OF DEATH

Rog Dist No.

1	V	Nog. Dist. No.
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY On + gomery MARYLAND	STATE Mary land COUNTY a.a.
le	CITY (If outside conforate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
nd	OR and give nearest town) (in this place)	TOWN GLA R.
	HOSPITAL OR Says	STREET (If rural give location)
다	INSTITUTION OR /	ADDRESS
clearly	75 STREET ADDRESS as hington San and Hospital	101 M St. S.E.
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
death	DECEASED: (Type or Print) Naty Newton Kre	ider DEATH: January 16 1956
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
of	Female white (Specify): Married Oct. 1:	7/ 1884 7/ yrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT
aus	work done during most of working life, or INDUSTRY:	13 H. MI YCOUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
write the	111 311	11 1
ite	IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
W	(Yes, no, or unk.) (If Yes, give war or dates	
a)	No of service) — Mone	Chart-Mr Charles Kreider (same)
pleas	18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
**	3017	Tomasson 13 tans
ans	IMMEDIATE CAUSE (A) DUE TO	hemarchage 13 Three
ici	ANTECEDENT CAUSE (S)	her T.
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	respectement many yes
P	STATING UNDERLYING CAUSE LAST.	
ıt.	(C)	
tal	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
00L	DISEASE OR CONDITION CAUSING DEATH.	
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
$-\Omega$		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	cory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
So	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
is	OF INJURY M. at work at work	
e	22. I hereby certify that I attended the deceased from the	11, 19 to to 16, 1956, that I last saw the deceased
80		- A
	alive on Jay / S, 195. L., and that death occurred at signature	ADDRESS DATE SIGNED
correct	0.01.	Tib =1/ 10 11/1-1
201		ERY OR CREMATORY LOCATION (City/town, or county) (State)
	REMOVAL (SPECIFY)	111 8 . 211
	Burney 18/56, Flen Hav	24. PUNEBAL DIRECTOR ADDRESS
	DATE REC'D BY LOCAL REGISTRAR'S SEGNATURE	24 PUNEBAL DIRECTOR ADDRESS Burnie Mar
	Jan-18-1956 politican waray.	3 / fringular scarcing "1"



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REC'D BY LOCAL

REGISTRAR'S

SIGNATURE

	722 CERTIFICATI	OF DEATH Reg. Dist.	No. 223.
:	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
region)	Mentagnia -	STATE Mansland county Menty	A Managar
2	COUNTY IT OF MENT MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	
DITO	OR and give nearest town) (in this place)	OR TOWN Wheeler Mod	.1
	HOSPITAL OR	STREET (If rural give location)	X
	TINSTITUTION OR STREET ADDRESS ALCO A Medi	ADDRESS A / 7	. /
	MUSHINGTEN MAN & HISP	3866 Greenly St.	
	DECEASED: (Type or Print) Miss Lily LA	(Last) 4. DATE (Month) (Date of the death: JAN =	
	RACE:White Widowed, Divorced,	OF BIRTH: 9. AGE last birthday IF UNDER I YE. Months Day	
2	OA. USUAL OCCUPATION (Give kind of work done during most of working life, or INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	PUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	MELICAN
		TO TO A	
1	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 18, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
0	(Yes, no, or unk.) (If Yes, give war or dates of service)	MRS. SALMA BRODSKY-SAM	ne address
0	18. MEDICAL CERTIFICAT		INTERVAL BETWEE
١	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
1	IMMEDIATE CAUSE (A) Priso Ca	deil defaction	1-262
	ANTECEDENT CAUSE (S)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
2	(C)		
	TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Jusie C Compressi alitedas	_
	19a. DATE OF OPERATION: 19B. MAJOR FINDLINGS OF OPERATION		20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
200	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from alive on Ly , 1951, and that death occurred at	6. G. M, from the causes and on the date st	ated above.
101100	SIGNATURE /	76 as ADDRESS are DATE	SIGNED SI
ł		RY OR CREMATORY LOCATION (City, town or	county) (State

ADDRESS

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00785

818

CERTIFICATE OF DEATH

or Dist No 216

CERTIFICAT	E OF DEATH Reg. Dis	t. No. 216
1. PLACE OF DEATH: COUNTY MARYLAND	STATE COUNTY COUNTY	D:
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest lown) Town	Y CITY(If outside corporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lubruban Loutal	STREET (If rural give location ADDRESS \ \ 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ine St.
DECEASED: (Type or Print)	about OF DEATH: Jan	Day) (Year) 22 1956.
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. FEB. 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Beautician HAIRDRESSING	9. AGE last birthday Ir UNDER 1 24. 1899 56 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician 10B. KIND OF BUSINESS OR INDUSTRY: HAIRDRESSING	ST. HONERE CHENLEY CANADA	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
GUSTAVE PELLETIER	MARIE BEAUDOIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, NO or unk.) (If Yes, give war or dates of service) 003-14-5141	MRS.ALICE F. HEBERT, 1634 BRISBA	NE ST., SS., MD.
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebra	el Hernonhage	5-6 hrs
ANTECEDENT CAUSE (S)	7	2
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	lension	-
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contribution of the	g., etc. INJURY OCCUR?	(State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 17 fram., 1936, and that death occurred a SIGNATURE	at/2554M, from the causes and on the date	
REMOVAL (SPECIFY)	M. D. 706 CREMATORY LOCATION (City, town, o	r county) (State)
SHIP. & BURIAL JAN. 22, 1956 ST. PETER'S		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 23/56 Benie M. Homkson	Warner & Tumbring SILVER	SPRING, MD.

JAN 25 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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17	2	-
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		2	7	7
9.	Dist.	No.2	1	.5

Ē		723 CERTIFICATI	E OF DEATH Reg. Dist	. No.223-
2	y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
M	legibly.	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Man	tanmery
		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town)
i	and	OR and give nearest town (in this place)	TOWN ONEU	X
ta ta		HOSPITAL OR NSTITUTION OR	STREET (If rural give location)	. /
information	death clearly	75 STREET ADDRESS Washington San + Hosp	Cashell Road	
	h	3. NAME OF (First) (Middle)	OF .	Day) (Year)
5	eat	(Type or Print) BAG? GIRL LF	TELON DEATH: Jan.	30 1956
	of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Single Jan	9. AGE last birthday Months I	Pays Hours Min.
		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
NIC A	3	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN	write the	Walter Adonis Layton	Madge Evelyn Hu	ntless
B & D	. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	11.09
FOR	se v	(Yes, no, or unk.) (If Yes, give war or dates of service)		
		18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
RESERVED	A	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ER	ns		TURITY	10HAS SMAD
RESE	sicians	ANTECEDENT CAUSE (S)		27.83
	2	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO		
MARGIN V WITH		STATING UNDERLYING CAUSE LAST.		10.00
AR	important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	orts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
1 2	dw	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
M M M	1	0		YES NO
	7	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution of the contribu	etory, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	ty) (State)
WRITE		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?	
N A		22. I hereby certify that I attended the deceased from	30 . 1956, to 2 30 . 196 4 that I last	saw the deceased
16	5.0	alive on Jones 30, 195%, and that death occurred at		
10 - 53 19 - 53	ect	SIGNATURE	ADDRESS DA	re signed
			1. D. 927 (Porsling or 5.	5. 13/15 %
A15 -	â	The main and the second	San. & Hospital Takoma Park 12,	
S		DATE REC'D BY LOCAL REGISTRARY SUSTRATURE	24. FUNERAL DIRECTOR	ADDRESS



740 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 21.

1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) OF DECEA	SED:
COUNTY Montg	omerv	MARYLAND		yland county Mon	
	orate limits, write RU	TRAL LENGTH OF (in this place		de corporate limits write RU CKVILLE	JRAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS]	715 Crawfor	rd Drive	STREET ADDRESS 17	(If rural, give 15 Crawford D	
3. NAME OF DECEASED: (Type or Print)	(First) LAWRENCE	(Middle) EV AN LE	(Last) LACOCK	4. DATE (Month) OF DEATH Jan.	~ /
5. SEX: 6. COL	OR OR 7. SINGLE WIDO (Speci	WED, DIVORCED,	DATE OF BIRTH: Oct. 20,1955	9. AGE last birthday: IF	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPAT work done during even if retired): T	ION (Give kind of most of work life, n fant.	10b. KIND OF BUSINE INDUSTRY: Infant	ESS OR 11. BIRTHPLA	CE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:			14. MOTHER'S M	AIDEN NAME:	
John Leaco			Alice Di	gley	
15. WAS DECEASED EVER (Yes, no, or unk.) (If Yes	es, give war or dates of	16. SOCIAL SECURITY N	John Leaco		
I. DISEASES OR COND		EADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Antecedent caus	e(s) DUE TO	ANOXI BSTRUCTION	N OF RESP.	RATORYTRACT	50 MIN
Antecedent caus Diseases or condition giving rise to the s stating underlying	e(s) ns, if any, (b) cause last (c)	BSTRUCTION	N OF RESP.	RATORY TRACT Y RESPURATORY IN	50 MIN
Antecedent caus Diseases or condition giving rise to the s stating underlying II. OTHER SIGNIFICAN TO THE DEATH	e(s) ns, if any, (b) note that the property of	BSTRUCTION VLOPUNICAT MAN TO TO THE	N OF RESPI Crid FROM UPPL	RATORY TRACT RESPIRATORY INF	50 MIN
Antecedent caus Diseases or condition giving rise to the s stating underlying II. OTHER SIGNIFICAN TO THE DEATH	e(s) ns, if any, (b) thove cause DUE TO cause last (c) NT CONDITIONS COM BUT NOT RELATED DITION CAUSING DE	BSTRUCTION VERWITING O TO THE ATH.	N OF RESPI Crial FROM UPPE	RATORY TRACT RESPIRATORY INF	50 MIN
Antecedent caus Diseases or condition giving rise to the s stating underlying II. OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19a. DATE OF OPERA 21a. EXTERNAL CAUSI PRIMARY Or CONT CAUSE OF DEATH.	DUE TO e(s) ns, if any, blove cause DUE TO cause last VT CONDITIONS CON BUT NOT RELATED DITION CAUSING DE TION: 19b. MAJOR 1 E WAS PRIBUTING 21b.	BSTRUCTION VLOPUNICATION TRIBUTING D TO THE ATH. FINDING OF OPERATI PLACE (Home, farm, f OF street, office bldg INJURY	N OF RESP. Cerial FROM OFFEE ON: actory, x., etc., 21c. (City or t	OWN) (County)	SDMIN Fectial 2-6 hours
Antecedent caus Diseases or condition giving rise to the s stating underlying II. OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19a. DATE OF OPERA 21a. EXTERNAL CAUSI	DUE TO e(s) ns, if any, blove cause DUE TO cause last VT CONDITIONS CON BUT NOT RELATED DITION CAUSING DE TION: 19b. MAJOR 1 E WAS PRIBUTING 21b.	BSTRUCTION VIONUMENT MAN VIOLETTING TO THE ATH. FINDING OF OPERATI PLACE (Home, farm, f OF street, office blds	ON: actory, 21c. (City or to the point of t	RATORY TRACT RESPIRATORY IN	50 MIN Fectial 2-6 hours 20. AUTOPSY? Yes № No □
Antecedent caus Diseases or condition giving rise to the s stating underlying II. OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19a. DATE OF OPERA 21a. EXTERNAL CAUSI PRIMARY Or CONT CAUSE OF DEATH. 21d. TIME (Month) (De OF INJURY 22. I hereby certify	DUE TO e(s) ns, if any, blove cause DUE TO cause last VT CONDITIONS CON BUT NOT RELATED DITION CAUSING DE TION: 19b. MAJOR E WAS REBUTING 21b. TRIBUTING 41b. That I took charge	PLACE (Home, farm, for street, office blds INJURY 21e. INJURY While at Not w work at wo ge of the remains described to the control of the c	ON: actory, 21c. (City or to the complete control of the control	OWN) (County) A Autopsy M, Inspec	20. AUTOPSY? Yes No (State) tion , Inquiry , and Undetermined cause DATE SIGNED

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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DECEIVED 9 MAIL



BINDING MARGIN RESERVED FOR



2007 Eastern Ave. Battimore. Md.

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DATE REC'D BY LOCAL

REGISTRAR

23 Jan 1956

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After of of copy

1. PLACE OF DEATH

COUNTY

OR

TOWN HOSPITAL OR NSTITUTION OF

3. NAME OF DECEASED

13. FATHER'S NAME

(Type or Print) SEX

STREET ADDRESS

IONT

and give-sparast town)

10a. USUAL OCCUPATION (Give kind of work done during ghost of working life, even if

(If outside corporate limits, write RURAL

COLOR OR

EUSETU!

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

(Month)

22. I hereby certify that I attended the deceased from

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

19e. DATE OF OPERATION

21d. TIME OF INJURY

alive on.

SIGNATURE

BURIAL, CREMATION,

REMOVAL (SPECIFY) REC'D BY REGISTRAR (First)

(If Yas, giva war or datas of service)

DUE TO

(Year)

DAJE THEREO!

REGISTRAR'S SIGNATURE

196. MAJOR FINDINGS OF OPERA

(Hour)

21b. PLACE (Home, farm, f OF INJURY street, office bldg

law requires that the death

ICIAN OR HOSPITAL: The

ATTENDING PH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIF

SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)

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KIIFICAII	E OF D	EATH	2 1/2
		R	eg. Dist. No. 216
	2. USUAL RE	SIDENCE (HOME) OF D	ECEASED
MARYLAND	STATE	COUNTY	47x-3
(in this place)	OR A	da corporata limits, writa RURAL e	end give nearast town)
	TOWN	UMSHINGTON	4, 200.
PLACE	STREET ADDRESS	919-6 57	ve location)
(Middle)	(Last) (ERNE	4. DATE (Mo	pth) (Dey) (Yeer) 21 29-1856
ARRIED SAN	OF BIRTH -24-188	9. AGE fast birthdey 95 7/ yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
KIND OF BUSINESS OR INDUSTRY	11. BIRTHPTACE (State	or foreign country)	12. CITIZEN OF WHAT
	14. MOTHER'S A	AAIDEN NAME	
LDBERG	Kos	E	
16. SOCIAL SECURITY NO.	17. INFORM.	ANT & ADDRESSY JEEN	ER. I
507-18-1911		GOO PACK F.	2. Betlesde. ned.
18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
arcinoma	of the	gall-bladd	er 6 mo.
A STATE OF S	6		
arterioseler	sis, gu	unalized	
NGS OF OPERATION	Madde	metaotores to	10-ex YES NO THE
(Home, farm, fectory, reet, office bldg., etc.)	21c. WHERE DID INJUR	Y OCCUR? (City or town)	(County) (State)
21e. INJURY OCCURRED While NoI while et work et work	21f. HOW DID INJUR	Y OCCUR?	
leceased from Deceund		Jan. 29, 1956	R, that I last saw the deceased
and that death occurred a	1.900 PM, from	the causes and on the	date stated above.
uply M.D.	48,2 Elli	ADDRESS (Straat, city, tow	Vashington DE 1-29-5
GEO. WASH	Mem. Co	m. HYATTSU	(Stata)

hours after death. 72 hours within registrar by the fi 2. ermicate be filed with the and completely filled in burial transit permit. the attending physician and completely e detached for use as a burial transit pe death certificate be or attending physician. FUNERAL DIRECTOR: The law requires that the retained by the hospital þe by been executed The bottom copy certificate has

death certificate assembly should 1-55 10M A15C SE ACOMPEAS - PRESENTO THEN THE PERSON OF THE TARE OF THE PERSON OF THE

CERTIFICATE OF DEATH

AND DESIGN

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dis	st.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 2	14
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Colorado COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give neare OR TOWN Evans	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9505 Worth Avenue	STREET (If rural, give location) ADDRESS 515 Boulder Street	1
(1)20 01 11110)		56
Female RACE: WIDOWED, DIVORCED, 6/9	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UND Months Days Houre	s Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS C work done during most of work life, INDUSTRY: even if retired): none (semi-invalid)	11. BIRTHPLACE (State or foreign country): 12. CITIZEN U.SUATRY	OF WILA
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward Luben	Louise Kohlenberg	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.:	Mrs. Ethel L. Oliver, 9505 Worth Ave. Silver Spring, Md.	
	IAL CERTIFICATION	BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ND DEATH
Immediate cause (a) Coronary de	clusion such	dus
DUE TO	then	ink
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		□ No Ø
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	2,	2)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	

WRITE PLAINLY, WITH age is especially important. PLEASE

RESERVED FOR BINDIN

UNFADING INK. Physicians: please

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

find that death resulted from: Natural causes Ø, Accident □, Suicide □, Homicide □, SIGNATURE 23. BURIAL, CREMATION, REMOVAL (Specify):
Trans. & Burial NAME OF CEMETERY OR CREMATORY THEREOF

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D.

1-26-56 LOCATION (City, town, or county)

Undetermined cause [].

DATE SIGNED

Evans Cemetery 1/30/56 REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

Evans, Colorado 24. FUNERAL DIRECTOR

ADDRESS 8434 Ga.

VS. A15A - 5 - 53

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						Thinks.
- James 10, 50, 11,500		MANUE AND	VATE TO HEAVEL		Course Service	NOT BE REOT
						HO JAZIVIOH D HOUVETINGS SHEET TESSEEN
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TO TO THE REST						
S. United Chinal Control		Service of the servic				

825 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () () 794

CERTIFICA	TITLE	OT	TATE A CULT
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1	CERTIFICATE OF DEATH Reg. Dist. No. 216
ly	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY MONTGOMERY MARYLAND STATE Md. COUNTY MONTGOMERY
d l	OR and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
and	Y TOWN Bethesda 44 days Town Silver Spring
death clearly	HOSPITAL OR INSTITUTION OR Suburban Hosp- STREET ADDRESS 12605 Connecticut Ave.
cle	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
ath	OF DECEASED: (Type or Print) (Taetano Nunetta Death: Dan. 15 1956
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 14 HRS. HOUSE 24 HRS. WIDOWED, DIVORCED. Worth Days House Wish
s of	Male White (Specify) Married Dec 13, 1888 6/ yrs. Mours Min.
causes	10A. USUAL OCCUPATION (Give kind of working life, even if retired) 2 or NDUSTRY:
	Dricklaver han construction I aly
the	13. PATHER'S NAME:
write	CARL LUNETTA LOUISE CANNERATA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, give war or dates
please	NO of service) 189-03-1844 MISS OF RACE LUNETTA
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
	152X IMMEDIATE CAUSE (A) Inbolism, short 15 hrs
ans	DUE TO
Physicians	DISEASES OR CONDITIONS, IF ANY. (B) CATTERING ME AND
hy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
	(C)
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
por	DISEASE OR CONDITION CAUSING DEATH. Shallow Willedning bot July life of
im	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	5 1-14.56 Garciona of Ausdenien YES NO
especially	21a. ACCIDENT WAS UNDERLYING County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while
503	M. at work at work
98	22. I hereby certify that I attended the deceased from JRN 13, 1956, to 1-15, 1956, that I last saw the deceased
ಥ	alive on JAN 15, 19 5, and that death occurred at 7.20 AM, from the causes and on the date stated above.
correct	SIGNATURE ADDRESS Lug Spring DATE SIGNED
cor	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY) 1/18/56 Sarklaum Montrows Co Mid

A15-VS.



S. A15—10-53

PLEASE TYPE OR WRITE PLA

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FOR BINDING

MARGIN RESERVED

at work 22. I hereby certify that I attended the deceased from Jan. 1956, to 7 Jan. 1956, that I last saw the deceased alive on 7. Jan. 1956, and that death occurred at 12:35PM, from the causes and on the date stated above. SIGNATURE LIJG, MC, USN U.S. Naval Hospital NNMC, Bethesda, Md. H.A.PEARSON DATE THEREOF 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) REMOVAL (SPECIFY)
Burial Arlington National Cemetery, Arlington, Virginia 1-10-56 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Ives Funeral Home, 2847 Wilson Blvd. REGISTRA

Indiana Laurent L.U.

Marie Tolling Tolling

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland COUNTY Montgo	mery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town)
OR and give nearest town) Olney (in this place) Yown	Town Silver Spring (rura	1)
HOSPITAL OR Montgomery County General	STREET (If rural, give location)	1
INSTITUTION OR HOSpital, Inc.	ADDRESS Rt 2	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Charles Woodrow N	Marcum OF DEATH January	26 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
Male White (Specify): Married 12	2/18/17 38 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life. INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of work life, Work DUSTRY even if retired): Painter Contractor	Virginia U	.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Cecil Marcum	Corda Sumpter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
yes / service) WW #2 231-03-1780	Hospital Record	
18. MEDIC	AL CERTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Getra dural 7	umentinge	
Immediate cause DUE TO		901
Antecedent cause(s)	+ midle mungeof arting	The state of the s
Diseases or conditions, if any, (b) All Milliam Life (b) giving rise to the above cause DUE TO		12
stating underlying cause last (c) Pacluse of A	kull	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
3 1/20/56		Yes No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY)		(State)
	21f. HOW DID INJURY OCCUR?	my
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY / / / / / / / / / / / / / / / / / / /	Fell Hom ladder	
22. I hereby certify that I took charge of the remains descri		, Inquiry [], and
find that death resulted from: Natural causes [], Accid	dent 🛛 , Suicide 🗌 , Homicide 🗍 , Undeter	
SIGNATURE ()	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Think & of the service	M. D. ASSISTANT MEDICAL EXAM.	1-77-26
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 1/30/56 Arlington Nat		ia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 84.34 Ga	. Avenuess
REG. 1-28-56 Gerfride B Lawler	Wanner to Tumphreys: 1 ver Sor	
	7,000000	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

M

VS. A15A - 5 - 53

LEB I 1956

BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYSICIA
The bottom copy may be reta

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00797

CERTIFICATE OF DEATH

Reg. Dist. No. 2 14

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTGOMERY
CITY (II outside corporate fimits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)
OR and give nearest town) TOWN SILVER SPRING (In this place)	OR TOWN FAIRLAND
HOSPITAL OR	STREET (If rurel give location)
institution or street address 10,800 COLESVILLE ROAD	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) NELLIE ALICE	MARLOW DEATH JAN. 29 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. D	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WATTE WIDOWED MAY	7 10, 1869 86 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) HOMEMAKER (retired) OWN HOME	BELTSVILLE, MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN H. ROBEY	ALEXENIA ROBEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	The state of the s
(Yes, po, or unk.) (If Yes, give wer or dates of service) NONE	Mr. Fielder T. Marlow, Fairland, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1) 1	
450,0 IMMEDIATE CAUSE (A) Construct	Mumperatum 2-5 yrs
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	leves
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	year (left) 3 days
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO Z
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Homa, farm, fectory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stete)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work at work	211, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on 29 10m, 19 5, and that death occurre	red at
SIGNATURE	ADDRESS (Streat, city, Igwn, steta) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	
BURIAL FEB. 1, 1956 ST. MARK	S CEMETERY FAIRLAND, MONTGOMERY CO., MD.
24. REC'D BY AEGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1/56 Trances Voller	Warner & Tumphrey, SILVER SPRING, MD.

ON OF MARITAGES STATE DEPARTMENT OF SHAME BANKERS IS

CERTIFICATE OF DEATH

BULLAU V. R.

9951 9 838



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00798

CERTIFICATE OF DEATH

Reg. Dist. No. 218

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLA MARYLA	STATE MC M STATE
CITY (If outside corporate limits, write RURAL and LENGTH OR give nearest town).	STAY CITY (It outside corporate limits, write RURAL and give nearest town)
OR give nearest town Clarks fully Mic City	2 TOWN Lund Clarkes fing / Wm d x
HOSPITAL OR HOSPITAL OR INSTITUTION OR	STREET (If rufal give location)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) AMES	MASON DEATH 27 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED. DIVO (Specify)	CED, Just 7 1876 7 9 yrs. Months Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSI	BS OR II. BARTHPLACE (State or foreign country) 12. CITIZEN OF WHA:
done during most of working life, even if retired) Lypostry	arm Mayland Country S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Janu H Mason	Desprie Bruse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	NO. 17. INFORMANT/
(Yes, no, or unknown) (If yes, give war or dates of 1/3-24	-791 Rev Sherman Mason
18. MEI	CAL CERTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	ONSET AND DEATH
443 X	a carles
Immediate cause (a)	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ive Condisonale diseas
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	ac unity
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ION 20. AUTOPSY?
ISS. DATE OF OLDERLION	
21. ACCIDENT (Specify) PLACE (Home, farm, facto	street, : (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITTON TOWN) (COUNTY) (SIAIR)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRE OF While at Not Wh	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At wo	
	-12 1/22 -1/
22. I hereby certify that I attended the deceased from.	, 19.5 7, to // 2.7 , 19.5 4, that I last saw the deceased
alive on Vd4 22 1956 and that death occur	d at 6:00 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or tit	ADDRESS DATE SIGNED
Lucians X. Leal 1	- Q. Sathershus no 1/28/56
	METERY OR CREMATORY LOCATION (City, town, or county) (State)
BREMOVAL (Specify) Van 30 1934 Mohn	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24.) FUNERAL DIRECTOR ADDRESS
Jan. 28, 950 Ulruda & Gook	way he sarved I around ly
	1 1 19

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BUREAU V. S.

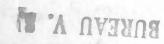
MARGIN RESERVED FOR BINDIN

CERTIFICATE OF DEATH

Reg. Dist. No. 223

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
)	COUNTY MONTGOMERY MARYLAND	STATE COUNTY
	CITY (If outside carborate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place) 7 TOWN AK COM Park 5 days	TOWN District of Columbia
	HOSPITAL OR	STREET (If rural give location)
	MINSTITUTION OR Washington Janitarium T	ADDRESS 11 thCl 1111
	3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month) (Day) (Year)
	DECEASED.	(Lear)
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	Cann DEATH: 1 1956
	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Fe. Cauc. (Specify): Married 1-	6-81 74 yrs.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
1	even if retired): HSwf	Massachusetts Amer
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Joseph J. Forwell	Adriane Healy
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
4	(Yes, no, or unk.) (If Yes, give war or dates of service)	1 Hospital Records
0	18. MEDICAL CERTIFICATI	ION JOHN SUNITARIUM T HOSPITAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	170× 6/ +	-t. p
	IMMEDIATE CAUSE (A) HAPPORIA	Mc neumonia 2 days
	ANTECEDENT CAUSE (S)	+. 10 1. 01 3
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	sion of walleding Colon !
	STATING UNDERLYING CAUSE LAST.	\(\lambda \). \(\lambda \).
	(c) Larrens	Carcinoma of" "
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	11 1. 11/2
	DISEASE OR CONDITION CAUSING	wa. wall !
`	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPST
	2 aue u	" It. bread os NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
	M. at work at work	1
	22. I hereby certify that I attended the deceased from Nec.	26, 1935, to Jan. / , 1936, that I last saw the deceased
0	alive on Wec. 30, 1955, and that death occurred at	3:30 AM, from the causes and on the date stated above.
	SIGNATURE 2 12	ADDRESS / DATE SIGNED
	Taul . Starre M.	o lakama fack and lash
	23. BURJAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, toyn, or county) (State)
	REMOVALISPECTON CON 3-1950 Oak Inov	6em Hall RV him
	DATE REC'D BY LOCAL, VREGISTRAS EGNATURE	247 FUNERAL/DIRECTOR ADDRESS
	REGISTRAR, M (QKIN - 1/1/20 1/2)	2/2/2/17/100

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 830

CERTIFICATE OF DEATH

		00	001/
Reg.	Dist.	No.	214

7	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
gioly	COUNTY MONTGOMERY MARYLAND	STATE Md. COUNTY MO	atchealel
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	
and	OR and vive nearest town) (in this place)	OR C./	nu give nearespoown)
ar	Grown Silver Spring. Some years	. TOWN SILVER JBring	56
>	HOSPITAL OR	STREET (If rural give location)	1 . 1
ar ar	STREET ADDRESS (-23 DAYTMAUTH AVE	ADDRESS 523 Daytman	with Ave.
e l	3 2 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Juli invi	W/ 1/ /J V · ·
death clearly			(Year)
ar	(Type or Print) Ange I ha	Meeks OF DEATH: Jah	27 1956
e	5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
N O	RACE: WIDOWED, DIVORCED.		sys Hours Min.
	F Col. (Specify): Single. 41	1/c. 5 7 yrs.	
causes	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. (
a l	even if retired): House work.	14/1/2	COUNTRY
0	13. FATHER'S NAME:	0(1)	u S.
, ne	13. PATRER'S NAME:	14. MOTHER'S MAIDEN NAME:	
9	EILY MEEKS	ELIZA BIAIR	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
3	(Yes, no or unk.) (If Yes, give war or dates	Dr. wilshire Li6-8	100
ease	7 O of service)	V1. VVII 3/11/60 C16.0	000.
ea	18. MEDICAL CERTIFICATI	ON	INTERVAL BETWEEN
Q.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	420.0 Lubout	or sille + Hute in relovation	n+ 1 -+.
ns	IMMEDIATE CAUSE (A) 17 1 XVIX	NOTOR 1 111 150100 CH ROLL	177. Leas!
ysıcıan	ANTECEDENT CAUSE (S)	ensive + Arteriosclerotic- Heart Disease	SVVS
S	DISEASES OR CONDITIONS, IF ANY, (B)		0 /
5	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
- 1			
2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
portant	TO THE DEATH BUT NOT RELATED TO THE	ndary Anemia.	
ŏ I	DISEASE OR CONDITION CAUSING DEATH.	wavy min.	
Ē	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
=			YES NO Z
2			
especia	21a. ACCIDENT WAS UNDERLYING \(\) 21b. PLACE (Home, farm, factor OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	etc. 21c. WHERE DID (City or town) (Count)	y) (State)
Si	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While at work at work		
IS			
ge	22. I hereby certify that I attended the deceased from	19 , to, 19 , that I last	saw the deceased
ø	alive on , 19 , and that death occurred at		
ect	SIGNATURE O CA'AL		E SIGNED
21.	Malph Iteller M.	o 977/ Perlin Drive-	1/27/56
corr	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	county) (State)
	REMOVAL (SPECIFY)	Jetersville, Va.	
	Removal 1-30-56		•
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS 178

EILY MEEKS

ELIZA BLAIR

FEB & W. S.

DECEMAEN.

The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

00801 216

Reg. Dist. No.

1. PLACE OF DEATH	ontasmen	MARYLAND	2. USUAL RESIDENCE STATE Mary	land	ECEASED. COUNTY	Montg	omer
TOWN	rporate fimite, write town (tural and LENGTH OF STAY (in this place)		rporate limits, write lethesda	e RURAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	5405 Be	ech Ave.	STREET ADDRESS 54	.05 Beech	AVe.		1
3. NAME OF DECEASED (Type or Print)	MARIE	(Middle)	(Last) MEEM	4. DATE OF DEATH	(Month) Jan.	(Day)	(Year) 19 56
5. SEX	CAUCASIA	WIDOWED, DIVORCED, (Specify) SINGLE		9. AGE last b	yrs. Months	year If unde	Min.
done during most of wear Trade Hark	Business	rock 10b. Kind of Business on Industry Trade Mk Bus.	Marylan	d		CITIEEN OF	WHAT
13. FATHER'S NAM	E	ward Meems	14. MOTHER'S MAII		Mary J.	Moe	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FO (If yes, give war or deservice)	ates of Nome	Nephew-Dic	kerson,	Harry C.	Meems,	Jr.
		18. MEDICAL CE	ERTIFICATION				
I. DISEASES OR CO.		CHRONIC	HEART F	-0111105		ONSET AND	
Anteceden Diseases or e		BACTERIAL				TO BY BY BY BY THE PRODUCTION COMMON A	
related to the diseas	ting to the death but a e or condition causing	ot death.					
19a. DATE OF OPER	RATION 19b. MAJ	OR FINDINGS OF OPERATION				20. AUTOP	No D
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY (OR TOWN)	(COUNTY)	(STATE	
TIME (Month) OF INJURY	(Day) (Year) (Hou	r) INJURY OCCURRED While at Not While Mork At work	HOW DID INJURY	OCCUR?			
- 1	Jhila Thila TION DATE THE (y) 1-6-4	0+ D	ADDRESS LENSIN GTO RY OR CREMATORY	the causes and M.D. LOCATION (C) Cloppe	on the date sta	ted above. PATE SIG	NED
REG.) 4/56	Berri	In. How bear	Robert	77/2/61	ley Beth		Md.

DEVIEDES NAL

725		CERTIFICATE	DEATH AL RESIDENCE (HOM	No. 2 23
	MARYLAND	STATE DEPARTMENT		777

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY; MARYLAND	STATE MD COUNTY Montgomen
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	
OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR 700 Hudson Ace.	ADDRESS
	6815 Georgia Act.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CLARISSA	MECGAARD. DEATH: VAN. (1956
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HI
+ W (Specify) WIDOWED AUG	2.28,1880 75 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	
even if retired): Housewife	MINNESOTA U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Peter Nelson	Harriet Johnson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS: 6815 Georgia Ave.
Service) No. 01 11 1es, give war or dates of	is. Agres amold chars Chase ma
I8. MEDICAL C	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEI ONSET AND DEATH
450.0 Chronic	Heart Failure 1 year
Immediate cause (a)	· I (geal
	clarasis General 5 years
	cerases Janeiros - Flora
giving rise to the above cause DUE TO stating underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
O Nono.	Yes 🗋 No 🗹
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while INJURY M. work at work	
22. I hereby certify that I attended the deceased from 2000.	2, 1955, to. Jan. 1, 1955, that I last saw the deceased
alive on Jan., 195, and that death occurred at	6m., from the causes and on the date stated above.
SIGNATURE OF TITLE	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL (Specify):	
DATE REC'D BY LOCAL REGISTRATES SIGNATURE	En Dem June Lleger To Both 24. FINERAL DIRECTOR ADDRESS
BEG. 1-1954	12/2/0 1 - 1
CANIL IT IE II (I IVIVI V OSO)	The Car Shanks (&) of Black the ill

DECEIVED 4 1956

BUREAU V. S.

please write the causes of death clearly and legibly.

especially important. Physicians:

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correct

PLEASE TYPE OR

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

MARILAND STATE DEPARTMEN	1 OF REALIN—BALLIMORE, 10 10803
726 CERTIFICATE	E OF DEATH Reg. Dist. No. 223
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE DC COUNTY 47X-3
CITY (If outside comparate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital	STREET (If ryral give location) ADDRESS 4814 Sedqwickst. N.W
	Mercer 4. DATE Month) (Day) (Year) OF DEATH: 5 195
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W. Law 2	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS MI 9. AGE last birthday Months Days Hours MI
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Francis Vaughn	Louisa Flint
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Daughter - Wash. San + Hosp. recor
18. MEDICAL CERTIFICAT	ION INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
1443X IMMEDIATE CAUSE (A) Hypertensive	Cardiousantes Dis . The Decompanio from 15 40
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?

21D. TIME (Month)
OF INJURY at work М. 22. I hereby certify that I attended the deceased from

7, 19 55 to 5, 19 56 that I last saw the dece , 1956 that I last saw the deceased 6, and that death occurred at !! alive on DATE SIGNED

SIGNATURI CREMATION, M. D. CEMETERY OR CREMATORY LOGATION (City, town, or county State) DATE

23. BURIAL. DATE REC'D SIGNATURE 24. FUNERAL DIRECTOR ADDRESS BY 1451 NO

DECELOI NAL Sect OI NAL S.V. UASAUS.

00804

832	CERTIFICATI	E OF DEAT	TH Reg. Dis	st. No. 215
1. PLACE OF DEATH: COUNTY Montgomery	MARYLAND		yland COUNTY	ED:
CITY (If outside corporate limits, write OR and give nearest town) X TOWN Bethesda Rura	RURAL LENGTH OF STAY (in this place)	OR	corporate limits, write RURAL th Beach	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval	Hospital	STREET ADDRESS	If rural give location Frederick Avenue	
3. NAME OF (First) DECEASED: (Type or Print) Arthur		(Last) ETZGER	4. DATE (Month) OF DEATH: January	
5. SEX: 6. COLOR OR 7. SINGLE WIDOW (Specify	VED, DIYORCED.		9. AGE last birthday 1F UNDER 1 Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	OB. KIND OF BUSINESS OR INDUSTRY: Maintenance	Virginia	State or foreign country): 12	COUNTRY?
13. FATHER'S NAME: Harry C. METZGER		Harriet ST		
(Yes pag or unk.) (If Yes, give war or dates of service)	Unknown	Sister Mrs.	Angie MARGERUM	
I DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) My oca DUE TO (B) Artery DUE TO	ronary of volume Ing	faction heart disease	10 day
II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	THE			
19a. DATE OF OPERATION: 19B. MAJOR	R FINDINGS OF OPERATIO	N		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IB. PLACE (Home, farm, fac DF INJURY street, office bldg.	tory, 21c. WHERE D	OID (City or town) (Cou	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID I	NJURY OCCUR?	
SIGNATURE Of Horgan	the deceased from 18 J and that death occurred at U. S. Naval Hospi	11:20MMfrom th	ne causes and on the date	
Burial (specify) 24 Jan 1		ery ör cremätory National Ceme	tery Arlington,	that is the second of the second

Tee Funeral Home

Massachusetts Avenue NW Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A15 VS.

ARGIN RESERVED FOR BINDING

especially important. Physicians:

PLEASE TYPE OR WRITE PLAINLY,

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DATE REC'D BY LOCAL PEGISTRAR 1956

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BUREAU V. S.

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Supply every item of information UNFADING INK. Physicians WITH PLAINLY, especially WRITE OR TYPE PLEASE

important.

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VS.

MARYLAND STATE DEPARTMENT	r of health—baltimore, 18 01962	
833 CERTIFICATE	C OF DEATH Reg. Dist. No.	•••
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	_
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) Y TOWN Olney 11 days	STATE Maryland COUNTY CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Laurel	n)
HOSPITAL OR The Montgomery County General INSTITUTION OR HOSPITAL, Inc.	STREET ADDRESS R#2	7
DECEACED	Last) 4. DATE (Month) (Day) (Year) OF DEATH: January 28 1956	
female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 6/9/	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR6 Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired nousewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY? Maryland U.S.A.	
13. FATHER'S NAME: Frederick Renn	14. MOTHER'S MAIDEN NAME: Katherine	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Hospital Records	
18. MEDICAL CERTIFICATI		EN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A)	onset and death 3 wps, supscarditis 5 yes	гн —
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Clumum (B) UE TO (C)	suys carditis 5 yes	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facta OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office hidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE Bruisaut	50a. M, from the causes and on the date stated above. ADDRESS DATE SIGNED D. Jewedy Spring Med 1/28/56	
DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE	emetery Butanville, Md 24 FUNERAL DIRECTOR ADDRESS	.e)



the registrar within 72 hours after death. After this in by the funeral director, the third dopy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYSIC: OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 834

CERTIFICATE OF DEATH

00805

1. PLACE OF DEATH					
II . Ende di DENTII	2. USUAL RESIDEN	CE (HOME) OF D	ECEASED		
COUNTY MONTGOMERY MARYLAND	STATE MARYLA	ND COUNTY	MONTG	MERV	
COUNTY MONTOCHETELL MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY		ete limits, write RURAL a			-
OR and give nearest town) (in this place)	OR			_	1
5 TOWN SILVER SPRING		SPRING		9	6
HOSPITAL OR	ADDRESS (OC OT		va location)	1	
INSTITUTION OR 628 SLIGO AVENUE	628 SI	IGO AVENUE			
3. NAME OF (First) (Middle)	(Last)	4. DATE (Mor	nth) (Day	(Ye	ar)
(Type or Print) MARGARET ELLEN	MILLER	DEATH JA	AN. 25		56
(1) po of thin)				19	
BACE WIDOWED DIVORCED		AGE last birthday	Months Day		24 HI
FEMALE WHITE Spacify TDOWED MARC	H 5, 1891	64 yrs.	Months Day	· Ilouis	14/411
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foraig	n country)		TIZEN OF WH	AT
done during most of working life, even if retired) HOUSTRY TEE	WA GUTNOMON T		CC	OUNTRY?	
HOODENITE ONL HOME	WASHINGTON, I		1	U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME			
CHARLES PRESTON BARNS	ANNIE ROBE	Y			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A				
(Yes, no, or unk.) (If Yas, give wer or dates of service) NONE	MRS. LeROY	AYERS, 628			
		SILVER	SPRING.	NIEKVAL BEN	W
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION			ONSET AND D	
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154 AMMEDIATE CAUSE (A)	any conv			-	
ANTECEDENT CAUSE(S) DUE TO	0	1	-	201	
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STATING UNDERLYING CAUSE LAST. (C)					192
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MARYLAND STATE DEPARTMENT OF MAKEY SALTEMORE, 18

CERTIFICATE OF DEATH

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004	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-
835		CEL	POTENCIA TOTAL	OT	DEATH

-BALTIMORE, 18

0.	DIVITIONI	CF DEATH Reg. Dist.	. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Montgomery	MARYLAND	STATE Maryland COUNTY Montg	omery Fied
CITY (If outside corporate limits, write RUF OR and give nearest town) TOWN Bethesda		CITY(If outside corporate limits, write RURAL a OR TOWN Frederick	
HOSPITAL OR The Clinical STREET ADDRESS Bethesda,	Center	STREET (If rural give location) ADDRESS 731 North Market Stre	et
3. NAME OF (First) DECEASED: (Type or Print) Virginia	(Middle) H. Mille		(Year) 19 56
5. SEX: 6. COLOR OR 7. SINGLE, M WIDOWED, (Specify):	DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):Housekeeper	KIND OF BUSINESS OR INDUSTRY: Domestic	II. BIRTHPLACE (State or foreign country): 12. Maryland U	CITIZEN OF WHAT
13. FATHER'S NAME:	W-11-77-11-1-	14. MOTHER'S MAIDEN NAME:	
J. Marshall M	iller	Fannie Harling	
15, WAS DECEASED EVER IN U.S. ARMED FORCEST 1	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of service)	None	The Medical Record, The Clini	cal Center
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	E TO C) RIBUTING	of Breast with metatres.	1± years
DISEASE OR CONDITION CAUSING DEA	гн		
3 Det. 18, 1955 Advand n	ndings of operation	shorestry, appendenting and bilet adrendations	20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF IN	NJURY street, office bldg.,		(State)
OF INJURY	IE INJURY OCCURRED While Not while to the state of the st	21F. HOW DID INJURY OCCUR?	
	nat death occurred at	13., 19.55 to Jan. 6., 19.56 that I last 13. A. M., from the causes and on the date of the causes. 15. A. M. from the causes and on the date of the causes. 15. A. M. from the causes and on the date of the causes. 15. A. M. from the causes and on the date of the causes. 15. A. M. from the causes and on the date of the causes. 16. A. M. from the causes and on the date of the causes. 17. A. M. from the causes and on the date of the causes. 18. A. M. from the causes and on the date of the causes. 19. A. M. from the causes and on the causes. 19. A. M. from the causes. 20. A. M. from the causes	stated above/6/50 re signed //6/50 resda, Md.
DATE REC'D BY LOCAL RECTERAR'S STREETSTRAR	Janelly .	24. FUNERAL DIRECTOR Freder	ADDRESS Med

A15-VS. PLEASE TYPE

BUREAU V. S.

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BECEINED

Borne 1/7/56 The Cleant Feet

CERTIFICATE OF DEATH

the said below a property of the other a state of 1922.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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IDA. USUAL OCCUPATION (Give kind of 1) 10a. KIND) OF BUSINESS II. BIRTHPRACE (State or foreign country): 12. CITIZEN OF WE WAY OF KIND) OF BUSINESS II. BIRTHPRACE (State or foreign country): 12. CITIZEN OF WE COUNTRY? IN WAS DECEASED EVER IN U.S. ANNEO FORCEST IS. SOCIAL SECURITY NO. II. INFORMANT & ADDRESS: (Yes. NO or unk.) II feet, give war or dates of service) IB. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SURING DEATH. IPA, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF THE OF INJURY Street, office bidgs. etc. INJURY OCCUR? II OTHER (Month) (Day) (Year) (Hour) While Struck of the	0.33	CERTIFICATE	OF DEATH	Reg. Dist	. No. 266
CITY If outside corporate limits, write RURAL and give nearest to ON TOWN Below town) ON TOWN Below town) ON TOWN Below town town in this place of the place of	1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASE	D:
CITY If outside corporate limits, write RURAL and give nearest to ON TOWN Below town) ON TOWN Below town) ON TOWN Below town town in this place of the place of	COUNTY MONTGOMERY	MARYLAND	STATE	COUNTY	47X-3
INSTITUTION OR TESTIND GROVEN FARM STREET ADDRESS 121 GROVEN FARM STREET ADDRESS 122 GROVEN FARM STREET ADDRESS 123 GROVEN FARM STREET ADDRESS 123 GROVEN FARM STREET ADDRESS 124 GROVEN FARM STREET ADDRESS 125 GROVEN FARM STREET F	OR and give nearest town)	RURAL LENGTH OF STAY (in this place)	OR //a/	1	and give nearest town
3. NAME OF DECEASED: (Pipe or Print) DECEASED: (Note) DECEASED: (Type or Print) DECEASED: (Type or Print) DECEASED: (Specific Specific Spe	HOSPITAL OR INSTITUTION OR RESMOKE	0 . / 7	STREET ADDRESS	7	
5. SEX: 6. COLOÑ OR SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday if under 1 for interest of the int	3. NAME OF (First) DECEASED:	(Middle)		OF /	(
10A. USUAL OCCUPATION (Give kind of work one during most of working life even if retired): Work done during most of working life even if retired): 13. FATHER: SHAME: HODR 14. MOTHER MAIDEN NAME: HIGRED LYNN 15. WAS DECEASED EVER IN U.S. ARMEO FORCES! (Yes, no) or unk.) If Yes, give war or dates 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no) or unk.) If Yes, give war or dates 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DIESTASE OR CONDITIONS, IF ANY. (B) SUMULIFIED 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE BUSINGS OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION SING DEATH. 19A. DATE OF OPERATION: 21B. MAJOR FINDINGS OF OPERATION 21C. MINDERLYING CONTRIBUTING TO THE CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. 21B. MAJOR FINDINGS OF OPERATION 21C. MINDERLYING CONTRIBUTING CONTRIBUTING TO THE CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CO	5. SEX: 6. COLOR OR . SINGI	E. MARRIED. 8. DATE		last birthday IF UNDER 1	FAR IF UNDER 24 HRS.
13. FATHER GINAME: STATHER GINAME: 14. MOTHER'S MAIDEN NAME: 15. MEDICAL SECURITY NO. 17. INFORMANT & ADDRESS. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFIC	10A. USUAL OCCUPATION (Give kind of work done during most of working life,	OR HIDUSTRY:	11.	or foreign country): 12.	
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ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21b. TIME (Month) (Day) (Year) (Hour) OF 'INJURY 21c. TIME (Month) (Day) (Year) (Hour) OF 'INJURY 22c. I hereby certify that I attended the deceased from December 1 of the date stated above. SIGNATURE 23. BURIAL CREMATION, DATE THEREOF MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) (County) (County) (State) (County) (State) (County) (Co	182.4	(A) Myou	edial facility		5 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 12 OF INJURY STREET, OFFICE bldg., etc. 13 OF INJURY OCCUR? 14 OF INJURY OCCUR? 15 OF INJURY OCCUR? 16 OF INJURY OCCUR? 17 OF INJURY 18 OF INJURY OCCUR? 19 OF INJURY OCCUR? 21 INJURY OCCUR? 22 OF INJURY 23 OF INJURY 24 OF INJURY 25 OF INJURY 26 OF INJURY 27 OF INJURY 28 OF INJURY 29 OF INJURY 21 OF INJURY 20 OCCUR 10 OF INJURY OCCUR? 20 OCCUR 10 OCCUR 10 OCCUR 10 OCCUR 11 OF INJURY 12 OF INJURY 13 OF INJURY 14 OF INJURY 15 OF INJURY 16 OCCUR 17 OF INJURY 18 OF INJURY	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Serulet	, general o	lebility	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21B. PLACE (Home, farm, factory, INJURY OCCUR? 21C. WHERE DID (City or town) (County) (State) OF INJURY OCCUR? 21C. WHERE DID (City or town) (County) (State) 11DINGY OCCUR? 12DINGY OCCUR? While Not while at work at work of the work	OTALING BASSE EAST.	(C)			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or county) 21c. Where DID (City or town) (County) (State) 21b. Time (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21c. While 21f. How DID INJURY OCCUR? 21c. While 21f. How DID INJURY OCCUR? 21f.	TO THE DEATH BUT NOT RELATED T	O THE	scinowe so	lest hip	tement
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work, 19.55 to, 13, 19.55 that I last saw the decease alive on, 12., 19.56, and that death occurred at, 19.55 to, 19.55 that I last saw the decease alive on, 12., 19.56, and that death occurred at, 19.55 to, 19.55 to, 19.55 to, 19.55 that I last saw the decease alive on, 19.56, and that death occurred at, 19.55 to,	19a. DATE OF OPERATION: 19B. MAJO	OR FINDINGS OF OPERATION			
While at work Not while Not while Ame of Cemetery or Crematory Location (City, town, or county) State Not while Not while Not while Not while Not while Not while Not work N	OR CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, facto OF INJURY street, office bldg.,	ory, 21c. WHERE DID (Cetc. INJURY OCCUR?	City or town) (Coun	ty) (State)
alive on 12., 19.54, and that death occurred at 15 AM, from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. 3 100 Com. and 1/3/56 23. BURIAL CREMATION, DATE THEREOF AMME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State of the causes and on the date stated above. ADDRESS M. D. 3 100 Com. and 1/3/56 23. BURIAL CREMATION, DATE THEREOF AMME OF CEMETERY OF CREMATORY LOCATION (City, town, or county)	21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY" M.	While Not while	21F. HOW DID INJUR	Y OCCUR?	
23. BURIAL TREMATION, DATE THEREOF AMME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	alive on	and that death occurred at	ADDRESS	ses and on the date	stated above.
					county) (State

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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Reported to + approved by the knowled Elimines. Enouty country Medical Elimines.

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838 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg	Dist.	No	2	21	5

CERTIFICATE	LOF DEATH Reg. Dist	. No. 212
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Mont	tgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN CITY (If outside corporate limits, write RURAL (in this place)) (in this place) 9hrs 10 min	CITY(If outside corporate limits, write RURAL a	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 7005 Exeter Road	/
3. NAME OF (First) (Middle) (Day) (Year) 5 1956
RACE: WIDOWED, DIVORCED,	9. AGE last birthday Months E	Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): 12. Bethesda, Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Dempster MUFFITT	Jean GELENIUS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Father Dempster MUFFITT HMC Same as above	USN
18. MEDICAL CERTIFICATI	NOI	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Interstition DUE TO	al procumonia.	10 hours.
ANTECEDENT CAUSE (S)	NAME OF TAXABLE PARTY.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH (1) Manuagusm	us () Cardiae delatation	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N The state of the	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Count in JURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
alive on Jan 1956 and that death occurred at R. L. S. BAIRD LTJG, MC, USNR U. S. Naval Ho	5:55A _M , from the causes and on the date	stated above.
	ERY OR CREMATORY LOCATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 5 Jan 1956 PARY 6 SUITELLE	R. A. Fundamer Truneral Home 7557 Wisconsin Avenue, Bethes	ADDRESS

Mary 6. Justell

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 2.1.7.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAN	ND STATE Maryland CO	UNTFrederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Clney Cin this p	F STAY CITY (If outside corporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR MONTGOMERY County Ger HOSPITAL	STREET (If rural give locati	on)
3. NAME OF (First) (Middle) (Type or Print) Annie -	(Last) 4. DATE (Month) (I OF DEATH: Jan. 17	(Year) 19 56
RACE: WIDOWED, DIVORCED,	DATE OF BIRTH: 9. AGE last birthday: If UNDER Months Warch 1,1889 9. AGE last birthday: If UNDER Months	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retir#Ousewife Own Home	NESS OR II. BIRTHPLACE (State or foreign country): 12	COUNTRY? USA
Basil F. Buxton	Louisa H. Moxley	
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY I (Yes, no, or unk.) (If Yes, give war or dates of service) NO NO NO NO	No.: 17. INFORMANT & ADDRESS: Mrs Ellsworth Mullinix, Mt	Airy Md
Immediate cause	sive Heart Disease	Interval Between Onset And Death 5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronch	nial Asthma	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPER	PATION ONE	20. AUTOPSY? Yes □ No.X
2I. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bldg., etc.)	ry, street, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not W Work At Wo		
22. I hereby certify that I attended the deceased from all e of Ian 1956, and that death occurred (Degree or title) M. McKendree Boyer, M. D. BURIAL, CREMATION, DAY THEREOF NAME OF COMMENTAL (Specify) Jan. 20, 1956 Prov.	Jan., 1935, to January, 17, 156 hat I land at 10:00 PM, from the causes and on the dat ADDRESS Druid Theatre Building Damas CEMETERY OF CREMATORY LOCATION COMMENTS AND ADDRESS	e stated above. DATE SIGNED CUS 1/19/56 array (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1-23-5-6 Surlinde B Lowel	24. FUNERAL DIRECTOR	cus, Md.

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CONTRACTOR OF THE STREET OF THE STREET, ST. LEWIS CO., LANSING, MICH. ST. LEWIS CO., LANSING, MICH. ST. LANSING, MICH. MICH. ST. LANSING, MICH. MI

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 210

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Md.

O#U CE	RTIFICATI	E OF DEAT	H Reg. Dist.	No. 2/3
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEASED	D:
COUNTY Montgomery CITY (If outside corporate limits, write RURA) OR and give nearest town) TOWN Rural Rockville HOSPITAL OR	MARYLAND L LENGTH OF STAY (in this place) 20 yrs	STATE Maryl CITY(If outside coror OR TOWN Rur	and county Mont reporate limits, write RURAL a al Rockville (If rural give location)	gomery nd give nearest town
INSTITUTION OR STREET ADDRESS		ADDRESS		
DECEASED: (Type or Print) JOHN P	M	(Last) YERS	of Jan. 1	Day) (Year) 4 19 56
Male White Specify: Ma	rried Nov	. 21 1891	04 yrs. 2 2	ays Hours Min.
Adminis. Asst. Coast Gdard	R INDUSTRY:	Maryland		COUNTRY? USA
John P. Myers	Sr.	14. MOTHER'S MAIL	Isabel	Luther
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Myers, RFD	#4,Rockville	ette C.
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE (A) DUE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	TO Respire	istory for	a of member	15 min
II OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		No.		
19a. DATE OF OPERATION: 19B. MAJOR FINE	ruly- can		tropan	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fac URY street, office bldg.,	etc. INJURY OCCUR?		(State)
21b. TIME (Month) (Day) (Year) (Hour) 21E OF INJURY	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I attended the de alive on	t death occurred at	PAUPM, from the ADDRESS D. OCH SERY OR CREMATORY	LOCATION (City, town, or Prince George	stated above. FE SIGNED Cognity) (State
DATE REC'D BY LOCAL REGISTRAR'S SIG	L. Printorp	24. FUNERAL DIR		chesda, Md

VS. A15-10-53

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	MARYLAND STATE DEPARTMENT 841 CERTIFICATE	A //
ibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
9	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
and legibly	CITY (If outside corporate limits, write RURAL or and give nearest town) Y TOWN CITY (If outside corporate limits, write RURAL (in this place) 67 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
clearly	HOSPITAL OR INSTITUTION OR The Clinical Center So STREET ADDRESS Bethesda. Maryland	STREET (If rural give location) ADDRESS 5524 Oakmont Avenue
cl		(Last) 4. DATE (Month) (Day) (Year)
th	DECEASED:	OF.
death	(Type of Film) That y	DEATH: JAN. 8, 19 56 OF BIRTH: 9, AGE last birthday I punder 1 year 1 punder 24 Hre.
of	Female White Specify: Widowed Febru	ary 5, 1899 56 yrs. Months Days Hours Min.
se	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
causes	even if retired): None	Alabama U.S.A.
e	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
the	Eugene Hiley	Mary E. Matthews
write		17. INFORMANT & ADDRESS:
WI	(Vee no or unk) (If Vee give wer or detec	
	No of service) Not available	The Medical Record, The Clinical Center
ns: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
20	ANTECEDENT CAUSE (S)	
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) VILLAS TOTAL	ic Carcinolay, Lungs and mediastinum 5 months
	(c) Carcinom	a Left breast 3years
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	4
υp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	2	AEE X NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
is est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
ge	22. I hereby certify that I attended the deceased from Nov.	2 . 1955, to Jan. 8 . 1956, that I last saw the deceased
orrect ag	alive on Jan. 8,, 1956, and that death occurred at SIGNATURE	6:04PM, from the causes and on the date stated above. ADDRESS The Clinical Contact Signed
:or		ERY OR CREMATORY LOCATION (City, town, or county) (State)
3	REMOVAL (SPECIFY)	National Arlington, Virginia
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1/12/56 Blasie Mr. Fhompson	Down A Director Bethesda, Md.

SEST OF MAL

BUREAU V. S.

	2 CER'	TIFICATE	OF DEATH	Reg. Dis	st. No. 216
1. PLACE OF DEATH: COUNTY MONTGO CITY (If outside corpora			2. USUAL RESIDENCE	(HOME) OF DECEAS	EO:
COUNTY MONTGO	MERY. MA	RYLAND	STATE MARYLA	COUNTY MO	NTGOMERY.
	ate limits, write RURAL L	ENGTH OF STAY (in this place)		ate limits, write RURAL	and give nearest to
HOSPITAL OR INSTITUTION OR STREET AOORESS	NONE.		STREET AOORESS 9217	(If rural give location ADELAIDE	DRIVE.
S. NAME OF (Find DECEASED: (Type or Print)	rst) (Middle	,	ETON.	OF DEATH: JANUAR	(Day) (Year)
MALE WHITE		ED. AUGUST	27,1908 9. AG	E last birthday IF UNDER Months yrs.	YEAR IF UNDER 24 H
OA. USUAL OCCUPATION (work done during most of even if retired):	Give kind of tob. KIND or initial	OF BUSINESS DUSTRY: GOVERNMENT	MINNESO	TA.	COUNTRY?
13. FATHER'S NAME:		LETON.	14. MOTHER'S MAIDEN		EHAN.
15. WAS DECEASED EVER IN U.S. (Yes, no, or unk.) (If Yes, girof service)	ARMED FORCES? 15. SOCIA	. Gravarus No	17. INFORMANT & AD	OBECC.	
IMMEDIATE CAUSE	OUE TO	ACUTE		CCLUSION.	5 MINU
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C.	OVE CAUSE AUSE LAST. OUE TO	11 11 28/2	SIVE CAROLI	VASCULAR DISE	AE ?6MO
GIVING RISE TO THE ABO STATING UNDERLYING CO	OVE CAUSE OUE TO CONDITIONS CONTRIBUT	ING		MASCOLMIC DISE	AE 16 MO
STATING UNDERLYING CO. II OTHER SIGNIFICANT CO. TO THE DEATH BUT NO. OISEASE OR CONDITION	OVE CAUSE OUE TO (C) CONDITIONS CONTRIBUT OUT RELATED TO THE ON CAUSING DEATH.	ING NO N		MASCOLAIC DISE	ASE :6MO
GIVING RISE TO THE ABOUT STATING UNDERLYING CO. II OTHER SIGNIFICANT CO. TO THE DEATH BUT NO.	OVE CAUSE OUE TO (C) CONDITIONS CONTRIBUT OF RELATED TO THE DN CAUSING DEATH. 19B. MAJOR FINDING	NO NO			20. AUTOPS
GIVING RISE TO THE ABOUT STATING UNDERLYING CARRIED TO THE SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITIONS TO THE OF OPERATION:	OVE CAUSE AUSE LAST. OUE TO (C) CONDITIONS CONTRIBUT OF TRELATED TO THE ON CAUSING DEATH. (C) 198. MAJOR FINDING RELYING (C) 218. PLACE (C) E OF DEATH (C) EXAMINER)	S OF OPERATION (Home, farm, factor street, office bldg., e	y, 21c. WHERE DID (c. INJURY OCCUR?	City or town) (Cou	20. AUTOPS
GIVING RISE TO THE ABOUT STATING UNDERLYING C. II OTHER SIGNIFICANT OF THE DEATH BUT NOT OISEASE OR CONDITIONS OF THE DEATH BUT NOT OISEASE OR CONDITIONS OF THE DEATH OF THE DEATH OF THE DEATH OF THE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EDIT OF THE CONTRIBUTION OF THE OTHER OF THE OTHER OISE OF THE OTHER OF THE OTHER OISE OTHER OISE OF THE OTHER OISE OF THE OTHER OISE OF THE OTHER OISE OTHER OISE OF THE OTHER OISE OISE OISE OISE OISE OISE OISE OISE	OVE CAUSE AUSE LAST. (C) CONDITIONS CONTRIBUT T RELATEO TO THE DN CAUSING DEATH. 19B. MAJOR FINDING RLYING 21B. PLACE E OF DEATH (Year) (Hour) 21E IN. While M. work	(Home, farm, factor street, office bldg., etc.) JURY OCCURRED Not while at work	y. 21c. WHERE DID (c. INJURY OCCUR?) 21F. HOW OID INJUR	City or town) (Cou	20. AUTOPS YES NO
GIVING RISE TO THE ABOUT THE STATING UNDERLYING C. II OTHER SIGNIFICANT OF THE DEATH BUT NO OISEASE OR CONDITIONS 19A. DATE OF OPERATION: 21A. ACCIOENT WAS UNDE OR CONTRIBUTING CAUSS (IF EITHER, NOTIFY MEDICAL EDITOR OF INJURY) 22. I hereby certify that	OVE CAUSE AUSE LAST. (C) CONDITIONS CONTRIBUT OF RELATED TO THE DN CAUSING DEATH. 19B. MAJOR FINDING RLYING 21B. PLACE OF DEATH OF INJURY (Year) (Hour) 21E IN. While M. While at work I attended the deceas	(Home, farm, factor street, office bldg., et la	21c. WHERE DID (INJURY OCCUR?) 21f. HOW OID INJURY	City or town) (Courty OCCUR?	20. AUTOPS YES NO Inty) (State)
GIVING RISE TO THE ABOUT STATING UNDERLYING C. II OTHER SIGNIFICANT OF THE DEATH BUT NO OISEASE OR CONDITION: NONE. 21A. ACCIOENT WAS UNDE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21D. TIME (Month) (Day) OF INJURY 22. I hereby certify that alive on CONTRIBUTIONS CAUSE (IF EITHER) CAU	CONDITIONS CONTRIBUTED TO THE DON CAUSING DEATH. 198. MAJOR FINDING RLYING CONTRIBUTED TO THE DON CAUSING DEATH. 198. MAJOR FINDING RLYING CONTRIBUTED TO THE DON CAUSING DEATH. (Year) (Hour) ContributeD To The Death	S OF OPERATION (Home, farm, factor street, office bldg., etc.) DURY OCCURRED Not while at work ed from	21c. WHERE DID (INJURY OCCUR?) 21f. HOW OID INJUF	City or town) (Courty OCCUR? 1, 1956, that I lauses and on the date D.	20. AUTOPS YES NO (State) st saw the decea e stated above. ATE SIGNED
GIVING RISE TO THE ABOUT TO THE SIGNIFICANT OF THE DEATH BUT NO OISEASE OR CONDITIONS OF THE SIGNIFICANT OF THE SIGNIFICANT OF THE SIGNIFICANT OF THE SIGNIFICANT OF THE SIGNATURE OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL EDID. TIME (Month) (Day) OF INJURY 22. I hereby certify that alive on SIGNATURE	CONDITIONS CONTRIBUTED TO THE CO	(Home, farm, factor street, office bldg., et la	21c. WHERE DID INJURY OCCUR? 21f. HOW OID INJUF 1, 19.6, to James ADDRESS ADDRESS Y OR CREMATORY L	City or town) (Courty OCCUR? 7, 1956, that I lauses and on the date	20. AUTOPS YES NO Inty) (State) St saw the decease stated above. ATE SIGNED M), 1/2/50

(

Spoke with Deputy Coroner Dr. John
Ball per telephone apprehimately 15 minutes after

dennise of patient. He gave permission for

ulease of body to undertaker.

1/2/56.

Segmann Genebourn, M.D.

OBVIEDER 30001 & NAU NAU NAU NAU NAU NAU

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CERTIFICATE OF DEATH

Reg Dist No 223

24. FUNERAL DIRECTOR ADDRESS LLS HKmin Co- 2901 / 4th Strum Wash. D.C.

727 CERTIFICATI	OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	E) OF DECEASED:
COUNTY MONTGOMETY MARYLAND	STATE DISTRICTO CE	dymbia
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limi	ts, write RURAL and give nearest town
Town Ta Kama Par K (in this place)	TOWN Washing	ton 47x-3
HOSPITAL OR		ural give location)
75 STREET ADDRESS Washington San. + Hosp.	ADDRESS 1443 Spring	Rd., N.W.
3. NAME OF (First) (Middle)	(Last) 4. DATI	E (Month) (Day) (Year)
(Type or Print) - red (None) Nic	CUM DEA	TH: 1 27 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last bi	rthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male white (Specify): Married 10-1	2-85 76	yrs.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life OR INDUSTRY:	11. BIRTHPLACE (State or forei	gn country): 12. CITIZEN OF WHA
even if retired): Gov'+ Employee	Indiana 14. MOTHER'S MAIDEN NAMI	IU.S.A.
13. FATHER'S NAME:		
Lewis Niccum	Malinda Floo	K
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service)	Washington Sani	tarium + Hospital record
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	00 00 0	ONSET AND DEATH
260×	Thellitus	seded as
IMMEDIATE CAUSE (A) DUE TO		7
ANTECEDENT CAUSE (\$)	ation de l'Auren	1 - 1 3-4 mm
GIVING RISE TO THE ABOVE CAUSE DUE TO	was, fus.	market)
STATING UNDERLYING CAUSE LAST.	suffere	da
(c)		3
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	shot don	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 1NJURY OCCUR?	town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
OF INJURY While at work While		
22. I hereby certify that I attended the deceased from 193	3, 19 , to 1/27/, 19	that I last saw the deceased
alive on	5 5 M. from the causes a	nd on the date stated above.
SIGNATURE OF THE SIGNATURE	ADDRESS	DATE SIGNED
M. Nolohan M	. D. 500 anderwood	1000/1/11/16
23. BURTAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATIO	ON (City, town, or county) (State
TRANSIC REMATION, DATE THEREOF NAME OF CEMET	CONI	YERSE TANIANA

REGISTRAP'S SIGNATURE

VS. A15-10-5

OR

PLEASE TYPE

BUREAU V. S.

VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

843 CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

00814

1. PLACE OF DEATH:	
	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	STATE Maryland County Contgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR
OR and give nearest town) Olney (in this place) 1 yr	Town Gaithersburg,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. General Hospital, Inc.	STREET (If rural give location) Route #1
3. NAME OF (First) (Middle) ((Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Bradley Johnson	Nichols, Jr. OF DEATH: 1 20 19 56
Male White Widowed, Divorced, (Specify): single 2/8/	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA' COUNTRY? Maryland W. S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Bradley Johnson Nichols, Sr.	Virgie Redmond
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) no none	17. INFORMANT & ADDRESS:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY?
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
O STATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	YES NO Z
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?

BUREAU V. E.

BEET 38 NAL

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMOF	RE,	18	00815
<u>*</u> .	844	CEI	RTIFICATE	OF	DEATH	Reg.	Dist.	No. 216

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town), TOWN Bethesda	
HOSPITAL OR	20 tile State
INSTITUTION OR STREET ADDRESS 4526 Avondale Street	STREET (If rural give location) ADDRESS 4526 Avondale Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Sarah	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: January 18 19 56
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	Virginia II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates None	Mrs. Lena MorrisSame Item #2
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	nona - undetermined origin 6 months
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES NO A
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction or contributing 21B. PLACE (Home, farm, faction of the contribution 21B. PLACE (Home, farm, faction of the contribution of th	ctory, 21c. WHERE DID (City or town) (County) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
alive on Jones 18, 1956, and that death occurred at signatures	, 1933, to Jan 18., 1936, that I last saw the deceased to 12. M, from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. Bettes da 14 md 18, 1936 TERY OR CREMATORY LOCATION (City, toys, or county) (State) Mt. Horeb Virginia ADDRESS
REGISTRAR 1/20/56 Bersie M. Hombern	Raherta. TujukhreBethesda, Md.

BUREAU V. S.

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orel 13 MA

DECENAÇÃO

* RAMARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18 00816
CERTIFICATE OF DEATH	Reg. Dist. No. 296
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME)	OF DECEASED:
COUNTY MONTGOMENY MARYLAND STATE Md. COU	
OR and give nearest town) (in this place) OR	write RURAL and give nearest town)
x town Bethesda 10 min. town Diver Dp	ring 56
INSTITUTION OR C ADDRESS 1/4/ 1	chill Road
3. NAME OF DECEASED: (Type or Print) Shirley Morris Ochmann DECEATH:	Month) (Day) (Year) Javi. 3 1956
	day IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Work done during most of working life. OR INDUSTRY: even if retired) Housewise own home Washington, D.	country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	
Andrew d. Morris Frances M	cEnaney
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No. 17. INFORMANT & ADDRESS: Andrew F. Oehm	ann-above
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Diobetic Coma	Zhis
ANTECEDENT CAUSE (S: DUE TO	in laws
GIVING RISE TO THE ABOVE CAUSE DUE TO	10 2700
STATING UNDERLYING CAUSE LAST. (C) Diabets Molliber	1240
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO 1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OF INDURY etreet office bldg., etc. INJURY OCCURT	vn) (County) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY Not while	7
M. at work at work	
22. I hereby certify that I attended the deceased from 00, 1920, to 3 00, 1920,	e, that I last saw the deceased
alive on John 1933, and that death occurred at MM, from the causes and ADDRESS	on the date stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION	(City, town, or county) (State)
	ington, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	8434 GaADDRESS.

Spring.

VS. A15-10-53

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BUREAU V. S.

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1. PLACE OF DEATH:

correct

HOSPITAL OR INSTITUTION OR 5404 Waneta Road STREET ADDRESS (Middle) 3. NAME OF (First) DECEASED: William (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE RACE: (Specify):Single Male White 10b. KIND OF B 10a. USUAL OCCUPATION (Give kind of INDUSTRY: work done during most of work life, every item he causes of even if retired): None None 13. FATHER'S NAME: Herbert M. Olivey Supply ev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unk.) | (If Yes, give war or dates of service) None No I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA INK. Immediate cause (a). DUE TO UNFADING Physicians: 1 Antecedent cause(s) Diseases or conditions, if any, (b) .. giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPE 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, fo E PLAINLY especially im PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OF street, offic INJURY 21e. INJURY OCC 21d. TIME (Month) (Day) (Year) (Hour) While at INJURY work [22. I hereby certify that I took charge of the remains WRITE ge is es find that death resulted from: Natural causes SIGNATURE 23. BURIAL CREMATION, DATE THEREOF NAME OF 闰 REMOVAL (Specify) : PLEAS Jood Burial -Transi REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYI LENGTH

(in th

MEDICAL EXAMINER'S

CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Glen Echo Heights

COUNTY Montgomery

CERTIFICATE OF DEATH .. 2/6

CIM	IIIICAIL	OT.	DI	ALL	I No).	
	2. USUAL RESIDEN	CE (HOME)	OF DEC	EASED:			
AND	STATE Mary	land con	INTY	Mon	tgom	ery	
OF STAY	CITY (If outside						town)
is place)	TOWN Glei	n Echo	Heigh	its			X
	STREET ADDRESS 540	4 Wane	rural, gi ta Ro		on)		1
	(Last)	4. DATE			Day)	(Year)	
C	LIVEY		Jai			19	56
8. DATE	OF BIRTH: 9	. AGE last	oirthday:	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.
Oct.	12, 1955	0	угз.	Months	Days 2.5	Hours	Min.
USINESS OF	R 11. BIRTHPLACE	(State or f	oreign co	untry):	12. CIT	TIZEN OF	F WILAT
					CO	UNIKI	USA
	14. MOTHER'S MAIL	DEN NAME:					
	Betty Jane	Nagle					
ITY No.:	17. INFORMANT & A		Same	as	Item	1 #2	
	Mrs. BettyJ. (Dlivey					
TH:	Inouble				0	A day	DEATH
RATION:					20	0. AUTO	-
rm, factory,	21c. (City or town	n.)	(Count	v)		Yes (State)	No 🗆
e bldg., etc.		••)	(Oddin	3 /		(Deade)	
OURRED Not while at work	21f. HOW DID II	NJURY OCCI	JR?		70.		
ns describ	ed above, held an	Autopsy	, Insp	ection	□, In	quiry [], and
Accid	lent [], Suicide [CHIEF DEPUT M. D. ASSIST], Homic MEDICAL Y MEDICAL CANT MEDIC	eide [], EXAMIN EXAMI CAL EXA	Undo ER NER M.	eterming Ja	ned cau DATE SI n 7, /	ise □. GNED
	Y OR CREMATORY						
Lawn C	emetery	Chem	ung	coun	ty,		
	24. FUNERAL DIR	ECTOR	free	Ret	heed	ADDR	



NAME OF CEMETE

EDAR HILL

CREMATORY

LOCATION (City, town, or county)

State

PE TY SE PLEAS

BURIAL.

REMOVAL (SPECIFY)

CREMATION.

BY LOCAL

JAN. 7,

BEGISTER RIST SIGNATURE

Mess Owers was foresed dear bed by neglebros this A. 14. Sugar she was 91 and had advanted astoriorclausing with course my usefference I feel she had aste and laste Medical examence Dr. John Boll not fied and pariousness granted for me to segue ober certificant Haderen 19.1) MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 2/3

1. PLACE OF DEATH- COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (STATE Maryland		COUNTY	Nonte.
CITY (If outside corporate limits, write OR give nearest tawn) TOWN RUP 1 HOSPITAL OR		CITY (If outside corpor OR TOWN ROCKVI	ate limits, write RI		nearest town)
10 INSTITUTION OR Cedarcro	oft Sanitarium	ADDRESS Lincol	n Park		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE OF		Day) (Year)
(Type or Print) Ernest 5. SEX 6. COLOR OR RA	ACE 7. SINGLE MARRIED WIDOWED, DIVORCED,	s. DATE OF BIRTH	9. AGE last birtho	Months. D	year If under 24 h ays Hours Mi
Male Negro 10a. USUAL OCCUPATION (Give kind of done during most of working life, even if re	(Specify) f work 10b. Kind of Business on thred Industry	May 27, 1906 11. BIRTHPLACE (State of Maryland			CITIZEN OF WHA
13. FATHER'S NAME Ernest Palmer Sr		14. MOTHER'S MAIDEN Ellen Green			
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If year, give war or service)	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS Roc	kville, M	н.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causi	it not	n fromsaspi ingonvom aleolólic	us.	idrhe	Seperal days
19a. DATE OF OPERATION 19b. MA				1	20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR	TOWN)	(COUNTY)	Yes No [(STATE)
TIME (Month) (Day) (Year) (IOF)	iour) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended alive on 1935. SIGNATURE 123. BURIAL, CREMATION REMOVAL (Specify) 1/10.	6 and that death occurred at	D Lilver ERY OR CREMATORY		the date state	
DATE REC'D BY LOCAL REGIST					ADDRESS

DASHUS SUREAU

OECETANAL ASSET

TYPE

PLEASE

-10 - 53

VS. A15

729

CERTIFICATE OF DEATH

E, 18 (1)(820)

CERTIFICATION OF THE CONTROL OF THE	Reg. Dist	t. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
M	- Manula de Di	· G · · ·
COUNTY Ontomery MARYLAND	STATE VARY AND COUNTY Prince	
OR and give nearest town) CITY (If outside comporate limits, write RURAL LENGTH OF STA		and give nearest town
7 TOWN Takoma Park Ihr. 20 min	Town Land over	16x-2
HOSPITAL OR Washington Siniturium +	STREET (If rural give location)	
STREET ADDRESS	3709 Harmond Ave.	/
3. NAME OF (First) (Middle)		(Day) (Year)
DECEASED: A	Hase DEATH: 1 -	1 1956
(Type or Print) Arma nd Stephen Pa: 5, SEX: [6, COLOR OR 7, SINGLE, MARRIED, 8. DA	TE OF BIRTH: 9. AGE last birthday IF UNDER 1	
RACE: WIDOWED, DIVORCED,	Months	Days Hours Min.
Male White (Specify) Married 5	-34-1912 4 g yrs.	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. L. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
work done during most of working life John OR INDUSTRY: even it retigal; even it retigal;	Maine	Amer.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-FVINE F.
T. 001	1 0 0 1 1	
John G. Pattago	Herora D. Champlain	
Yes, no, or unk. (If Yes, give war or dates	17. INFORMANT & ADDRESS: Hospital K	ecords
of service)	Mashington Sanitarium + Hou	14:0
18. MEDICAL CERTIFIC	ATION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
1/20.1	1.0.1 +.	20
IMMEDIATE CAUSE (A) Weule	myocardial infaction	Lars.
ANTECEDENT CAUSE (S)		0
	u. alkeron le mis	No seal was
GIVING RISE TO THE ABOVE CAUSE DUE TO	1	Service with
STATING UNDERLYING CAUSE LAST.		
(C)		
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	TON	20. AUTOPSY?
2		YES NO
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm,	factory, 21c. WHERE DID (City or town) (Cour	nty) (State)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office blo	dg., etc. INJURY OCCUR?	ity) (State)
IF EITHER, NOTIFY MEDICAL EXAMINER)		
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR F INJURY While Not while	RED 21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from Dec	ember 3/1955 to January 1 1956 that I las	t saw the decease
	. 20	
alive on January 1., 1956, and that death occurred	at MM, from the causes and on the date	stated above.
SIGNATURE	ADDRESS Silver Spring DA	TE SIGNED
Blunet U, Vorley gr. w. g.		January 1,195
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEM	ETERY OR CREMATORY LOCATION (City, town, o	r county) (State
AURIOL 19156 ARLINGTON	NATE CEM, ARLINGTON	VA.
DATE REC'D BY LOCAL REGISTALR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR _ 1056 7 Tubion WOULD	- W.W. CAMPBERS CO-KI	VERDAGE !
700 1-1936 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- WIW, CATATIDERS CO-11	CERTACE.

Dr. Broschart contacted by Dr. Parter approval gine. Darrell P. N.

BUREAU V. S.

D No.

BECEINED

HEALTH—BALTIMORE, 18

()()821 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE DEATH OF

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomer	rv
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and g	ive nearest town)
OR and give nearest town) TOWN Unity	OR TOWN Manor Club, Rockville	26
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS Monty Cv. Yeu Hosp	ADDRESS 1/27 Prossway Road	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
	Legrini DEATH January 14	19 55 56
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER I YEA	
male white (Specify): married Nov.	7. 1904 51 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Attorney		OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Constant Pellegrini	Theresa Primavera	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	I7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of yes service) #2 579-48-1690	Mrs. Rena S. Pellegrini, 1427 Cros	
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	ision	Duddon
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes 🗆 No 🔀
21a. EXTERNAL CAUSE WAS PRIMARY □ OR CONTRIBUTING □ OF Street, office bldg., etc., INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	FLORES
22. I hereby certify that I took charge of the remains describ	oed above, held an Autopsy [], Inspection [7]. I	Inquiry M. and
find that death resulted from: Natural causes v. Accid		
SIGNATURE A	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Trank J. Broschent	M. D. ASSISTANT MEDICAL EXAM.	-14-56
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETER Trans. & Burial: 1/19/56 Calvary Cemet		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24 FILMEDAL DIDECTOR	ADDDEGG
REG. Jan 15-57 Sertrude B Lawler	Wanner & Tumphrey Silver Sprin	ig, Md.
	1/ (7/	

BUREAU V. S.

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BECEINED

	MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	000
/	849 CERTIFICAT	E OF DEATH Reg. Dist.	18 2) 6
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
0	COUNTY MONTGOMERY MARYLAND	STATE MOL COUNTY PINCE	Georges
	OR and, give nearest town) LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and	give nearest town)
	X TOWN Bethesda lwk, Iday	TOWN Washing on 28,	16x - 2
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	7
3	STREET ADDRESS Jubur Dan HOSP	7520 Marlboro	ike V
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
3		erson DEATH: Jan 8	1956
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED DIVORCED,	The state of the s	
5	F W (Specify): Dec.	17, 186 9 86 yrs. Months Day	
436	10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT
3/	even if retired) flouse wise	Drooklyn, New york	11,5,
211	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	
2	Armstrong		
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECONTY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
0	of service)	Frieda Wood - Sister in Kaw	
8	18. MEDICAL CERTIFICA		NTERVAL BETWEEN
7	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DNSET AND DEATH
2	IMMEDIATE CAUSE (A) Wassing	Cerebral Sularction	2 day
191	ANTECEDENT CAUSE (S)		V
100	DISEASES OR CONDITIONS, IF ANY, (B) Carferiore	bross Cerebral	3 Means
	STATING UNDERLYING CAUSE LAST.		
	(c) q = 0		
can	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	00.000	50
2	DISEASE OR CONDITION CAUSING DEATH.	pullunousa, left lower table	· says
TITLE	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON .	YES NO NO
CIBIL	21A. ACCIDENT WAS UNDERLYING \(\begin{array}{c} 21B. PLACE (Home, farm, fa or contributing \(\begin{array}{c} CAUSE OF DEATH \\ (IF EITHER, NOTIFY MEDICAL EXAMINER) \end{array}\)	ctory. 21c. WHERE DID (City or town) (County)	(State)
csb	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
2	M. at work at work		
20	22. I hereby certify that I attended the deceased from 3.1.		
ಸ -	alive on S. Jan., 1956, and that death occurred a		
Lec	SIGNATURE	90111.11000.11.	SIGNED
COL		JERY OR CREMATORY LOCATION (City, town, or o	ounty) (State)
	REMOVAL (SPECIFY)	alexand Fasestanil	Po Sal
	DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	1,24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR / 19/17 Besse M. Hombers	Robert G. mathingly	3.6.00
	The state of the s	VI WALLEN WALLEN	The second

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BUREAU V. S.

VS. A15-10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	MARYLAND	D STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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850 CERTIFICATE OF DEATH

RE, 18 00823 Reg. Dist. No. 2/6

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d give nearest town)				
69 x -3				
7				
V				
ay) (Year)				
4.4				
1956				
AR IF UNDER 24 HRS. ys Hours Min.				
ITIZEN OF WHAT				
S. A.				
ical Center				
TCAL CENTOET				
ONSET AND DEATH				
20. AUTOPSY?				
YES NO				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. OF INJURY street, office bldg., etc. OF INJURY of INJURY OCCUR?				
saw the deceased				
tated above.				
ounty) (State)				
nsylvania				
da, Md.				
n:				

DECEIVED MAL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

851

MARGIN RESERVED FOR BINDING

VS.

CERTIFICATE OF DEATH

Reg. Dist. No. 216

-	CERTIFICATI	E OF DEATH Reg. Dist. No. 2010			
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
legibly.	COUNTY MONTGOMERY MARYLAND	STATE Maryland county Prince Georges			
and le	CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Bethesda LENGTH OF STAY (in this place)				
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Md.	STREET (If rural give location) ADDRESS 4309 39th Place			
death c	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF Jan. 26, 19 56			
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): Married March	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 1 UNDER 24 HRS. Months Days Hours Min.			
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse Mgr. Warehousing	Mass. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATCOUNTRY?			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Louis A. Post	Mary Emerson			
e write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give yar, or dates 17. 17. 18. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20				
important. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	yelozonus Leukemin Imo			
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NO			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)				
00	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work				
reese iire on correct age i	23. BURAL, CREMATION, DATE THEREOF NAME OF CEMET				

BECEINED

FEB 2 1956

BUREAU V. S.

852

CERTIFICATE OF DEATH

Reg Dist No 2

3	1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED:		
legibly	Mandanana			
leg	COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE LOUISIANA COUNTY CITY(If outside corporate limits, write RURAL as	nd give nearest town)	
and	OR and give nearest town) (in this place)	OR	56 V 3	
20	Decresca 1 37 days	STREET (If rural give location)	7 60 X W	
clearly	INSTITUTION OR THE CITINICAL CENTER	ADDRESS	,	
clearly and	Bethesda, maryland	17 North Hawk Street	V	
ath	3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Rose Ann Rando	0=	(Year) 5, 19 56	
of	RACE: WIDOWED, DIVORCED,	30, 1913 9. AGE last birthday IF UNDER 1 YI Months Da	Hours Min.	
causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk OR INDUSTRY: S.W. Bell Telephone	11. BIRTHPLACE (State or foreign country): 12.	U.S.A.	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
te the	Vincent Randazzo	Marie DiMarco		
- prot	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
Se wi	(Yes, no, or unk.) (If Yes, give war or dates of service) Not available	The Medical Record, The Clin	ical Center	
important. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	spread metastalice in of the breast sportrarland from where in 1st parties of	INTERVAL BETWEEN ONSET AND DEATH	
-	2		YES X NO	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?		
correct age		9:47PM, from the causes and on the date s	tated above. E SIGNED /	

MARGIN RESERVED FOR BINDING



BUREAU V. S.

	. Th	730	CERTIFICATE OF DEATH	Reg. Dist. No. 223
eres.	fully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
M	information carefully clearly and legibly.	COUNTY On 1 9 me V of CITY (If outside contrate limits write OR and give nearly form) HOSPITAL OR HOSPITAL OR HOSTITUTION OR	RURAL LENGTH OF STAY (in this place) CITY(If outside corporate limits OR TOWN	s, write RURAL and rive nearest lown
	nformat	75 STREET ADDRESS 16 . S	riuma Hospitall 509 Ph	. ladelphia.
	item of in of death c	3. NAME OF (First) DECEASED: (Type or Print) 5. SEX: 6. COLO) OR 7. SINGLE	Everett Reade OF DEAT MARRIED, 8. DATE OF BIRTH: 9. AGE last bir	thday IF UNDER 1 YEAR IF UNDER 24 HRS.
3	causes of	Female Guszcian (Specify	OB. KIND OF BUSINESS II. BIRTHPLACE (State or foreign OR INDUSTRY:	yrs. Months Days Hours Min. on country): 12. CITIZEN OF WHA' COUNTRY?
FOR BINDIN	pply the c	13. FATHER'S NAME: Abron Boken	14. MOTHER'S MAIDEN NAME	<u></u>
OR	INK. Su	(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	Records
MARGIN RESERVED I	DING: plea	I DISEASES OR CONDITIONS DIRECTLY	" Massive Myocadial on	INTERVAL BETWEE
RES	UNF	ANTECEDENT CAUSE (S)	DUE TO	
GIN 1	ITH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO (C)	
MAF	- 8	II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	ONTRIBUTING OTHE DEATH	
	3	19A. DATE OF OPERATION: 19B. MAJOI	R FINDINGS OF OPERATION	20. AUTOPSY?
5		21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, factory. DF INJURY street, office bldg., etc. INJURY OCCUR?	town) (County) (State)
	> 00	21D. Time (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCC	
00 - 01	SE TYPE OR correct age is	22. I hereby certify that I attended alive on SIGNATURE 23. BURIAL, CREMATION, DATE THER	nd that death occurred at 6254M, from the causes ar ADDRESS	that I last saw the decease of on the date stated above. DATE SIGNED ON (City, town, or Soupty) (State
WIN.	PLEAS	CHARLES JAN. 3, 1	956 Cedar Hill Chematory Vema Consideration	ME Extended On Seo Co., MA

DECEDVED A 1956

BUREAU V. S.

USES TO SHOEM EXPROSES OF STREET, THE REAL PROPERTY OF STREET, STREET, STREET, STREET, STREET, STREET, STREET,

MARGIN RESERVED FOR BINDING

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		00000
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montg	omerv
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Bethesda LENGTH OF STAY (in this place) 4 years		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9207 Bulls Run Parkway	STREET (If rural, give location) ADDRESS 9207 Bulls Run Parkway	
3. NAME OF DECEASED: (First) Robert Richard Records Recorded Records Records Recorded Recorded Records Recorded Recorded Recorded Records Recorded Records Recorded Records Recorded	(Last) 4. DATE (Month) (Day OF DEATH January 2	(Year) 19 56
Male 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify) Married July	7, 1923 9. AGE last birthday: Funder 1 y Months 2 yrs. Months 2	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Physician 10b. KIND OF BUSINESS O INDUSTRY: Medical		CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Cleveland Redgield	Emma Stone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of NO NO Service)	17. INFORMANT & ADDRESS: Elizabeth G. Redfield- Same Ite:	m #2
18. MEDIC	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Depression and Failure	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last (c)		12.hr.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes Avo []
21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING Defended by the CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY Home)		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work INJURY J21. 2. 1956 48. While at work [3]	- Ingestion of Drugs.	not yet leterinined.
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes □, Accisionature □, Bell		Inquiry [], and mined cause []. DATE SIGNED 2 2 156.
Burial-transit 1/3/56 Ogden	RY OR CREMATORY LOCATION (City, town, or co Weber Co.	Utah
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1456 Bloace M. Heorikeon	Your D. Jumphron - Bethes	ADDRESS Sda, Maryland



BUREAU V. S.

I would be und the blank of the date of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

8434 Ga. AVe.

CERTIFICATE	Of British Reg. Dist.	. 110.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MONT GOMERY MARYLAND	STATE MC, COUNTY MA	160MPAL
CITY (If outside corpopate limits, write RURAL OR and give nearest town) TOWN (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN	nd give nearest tow
HOSPITAL OR INSTITUTION OR 3104 Jennings Road	STREET (If rural give location) ADDRESS 3104 Jennings Road	1
DECEASED: A4	Last) 4. DATE (Month) (1 OF DEATH: Jan	Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE (WIDOWED, DIVORCED, (Specify): Married June 16	of BIRTH: 9. AGE last birthday Funder 1 yrs. Months D	ays Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Housewife Own home	11. BIRTHPLACE (State or foreign country): 12. Austria	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
unknown	unknown	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 16. NOCIAL SECURITY NO. 16. NOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Mr. Paul M. Reed, 3104 Jennings on Kensington, N	
ANTECEDENT CAUSE (S)	ORONARY Occhusion	8 HOUR
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Q R / P R IS DUE TO	o Sclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Ó	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., equipment of the contribution of the contri	ory, 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from lon!	0., 1956, to lon /1, 1956, that I last	saw the deceas
	ADDRESS ADDRESS	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	

DATE REC'D BY LOCAL REGISTRAR 56

for 11, 1956 - Coroner notified: No autofrongt to be perforant.

BUREAU V. S.

3291 TI NAL

DECENTED

MARGIN RESERVED FOR RINDING

VS. A15-10-53

00829 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

855	CERTIFICATE	\mathbf{OF}	DEATH	
000				

Reg. Dist. No. 216

000	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN
A becliesda 50 days	NOTTOIR A - C
HOSPITAL OR The Clinical Center	STREET (If rural give location) ADDRESS
Bethesda, Maryland	879 Washington Avenue
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: Days	OF
(Type of Time)	DEATH: Jan. 3, 1956
_ RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
F. Negro (Specify): Married June	5, 1919 36 yrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, or INDUSTRY:	COUNTRY?
Domestic I Domestic I	North Carolina U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jack Morrison	Mary Bloom
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates No N	The Medical Record, The Clinical Center
NO AVAITABLE	
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THERETO BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Iljunal	obstruction 9 days
DUE TO	
ANTECEDENT CAUSE (S)	1 2 2/1 2 2000
GIVING RISE TO THE ABOVE CAUSE	y racustina 2 wis
STATING UNDERLYING CAUSE LAST. DUE TO	
(c) areum	A dervix a metastaan 22 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE/OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	
a later to the facts:	20. AUTOPST
3 18/10/13 1/marshare turn	liver. Colormy performer YES X NO]
21A. ACCIDENT WAS UNDERLYING [21B. PLACE (Home, farm, factor)	ory, 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
22. I hereby certify that I attended the deceased fromNov	19.5, to Jan.3., 19.56 that I last saw the deceased
alive on Jan. 3 ,, 1956, and that death occurred at	10:45 M. from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
within Jenje this M.	. p. //////////////////////////////////
23. BURIAL CREMATION, DATE THEREOF NAME OF GEMETE	ERY OR CREMATORY LOCATION (City; town, or county) (State)
REMOVAD (SPECIFY)	1+10m/2++ 1/(
7 0 0	1 at FUNERAL DIRECTOR
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS
14/56 Bessie Mothorn Baox	TRALICR TUNCRAL HOME JOY, N. I

DEALLOS

BUREAU V. S.

- 10 - 53

VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(1)083()

858 CERTIFICATE OF DEATH

Reg. Dist. No. 215

000 CERTIFICATI	E OF DEA.	Reg.	Dist. No.
1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY Montgomery MARYLAND	STATE Mar	yland COUNTY	P. Hes.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rethesda Rural LENGTH OF STAY (in this place) 4 days	CITY(If outside	corporate limits, write RUR	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS 61	(If rural give loca 03 Kilmer Street	
DECEACED.	(Last) RHODES	4. DATE (Month) OF Janua	ry 13 (Year) 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WIDOWED 3-15-		9. AGE last birthday Month	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Housewife	11. BIRTHPLACE Michig	State or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME: Frederick WILDMAN	14. MOTHER'S M. Margar	et WILSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yewoo, or unk.) (If Yes, give war or dates of service) None	17. Son Willi Same as a	am ^{DDRE} RHODES bove	
18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Transcent block		ONSET AND DEATH
IMMEDIATE CAUSE (A)	Unoulonio		6 days
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hunt Din	m.L.	411
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE (etc. INJURY OCCU		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID	NJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9 Jan alive on 13 Jan 19 56, and that death occurred at SIGNATURE A. J. CAPPELLEY MI LCDR, MC, USN U. S. Nava	1:15 A from the	S	ate stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	National Ceme	LOCATION (City, tow	n, or county) n, Virginia (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1956	2ft 5H15ft/Ff 3831 Georg	METER Home gia Avenue, N.W	. Wash D.C.

SEST OF MAL A CONTROL OF STREET, THE STREE

Z .V UABRUEAU V. Z.

THE STATE OF THE S

3	477	CERTIFIC		A AA	neg. D	ist. No. 2/3
1. PLACE OF DI	EATH:		2. USUAL RESID	ENCE (HOME)	OF DECEASED	
COUNTY	Montgomer	y marylani	The			
CITY (If outs	ide corporate limit	, write RURAL LENGTH OF	STAV			
UR and giv	e nearest town)	(in this pl	or CITY (If outside	e corporate limi	ts, write RURAL	and give nearest to
HOSPITAL OF	R	4 day	TOWN Wa	shington	Trural, give locat	44 /X-
INSTITUTION STREET ADD	RESS O Man	akee Street	STREET ADDRESS		SS. Ave.	
3. NAME OF DECEASED:	(First)	(Middle)	(Last)	4. DATE	(Month)	Day) (Year)
(Type or Print	,	Elizabeth	RICKETTS	OF DEATH:	January	11 19 56
	COLOR OR RACE:	WIDOWED DIVORCED	DATE OF BIRTH:	9. AGE last	birthday: IF UND	ER 1 YEAR IF UNDER 2
Female	White	(Specify): Widowed	Aug. 27,1873	72		s Days Hours
10a. USUAL OC	CUPATION (Give uring most of work	kind of 10b. KIND OF BUSIN	ESS OR 11. BIRTHPLAC	E (State or for	eign country):	12. CITIZEN OF V
even if retir	ed): Housewi	ing life, INDUSTRY:	P2 4 4	lle Mar		COUNTRY?
13. FATHER'S N	AME:	fe Housework	14. MOTHER'S MA		ytand	UDA
	James	F. Gettings	14. MOTHERS MA	IDEN NAME:	Umanaa	Dage
15 WAS DECEASED		FORCES 7 16. SOCIAL SECURITY NO			France	
(les, no, or unk.)	(II I es, give war or	dates of		DDRESS: Flo	orence La	ovie Ricke
No	service)	- Unknown	10420 Haywo	od Dr.	Silver s	oring. Md.
443	X	ECTLY LEADING TO DEATH:	ICAL CERTIFICATION	mha	00	
Immediate Antecedent Diseases or co giving rise to stating under	cause cause(s) nditions, if any, the above cause last	(a) Lerebral (b) Apperten (c) Senerally		nha dis	gl ease easis	
Immediate Antecedent Diseases or co giving rise to stating under! II. OTHER SIGN Conditions con	cause Cause(s) Inditions, if any, the above cause ying cause last DIFICANT CONDITITION to the deal	(a) LEADING TO DEATH: (b) LEADING TO DEATH: (c) LEADING TO DEATH:		nha Lis sele	gl ease rosis	Interval Bety ONSET AND DE HARY 4-54
Immediate Antecedent Diseases or cogiving rise to stating under! II. OTHER SIGN Conditions conrelated to the	cause DU cause(s) nditions, if any, the above cause ying cause last IFICANT CONDITITION to the dead disease or condition	(a) LEADING TO DEATH: (b) LEADING TO DEATH: (c) Leading to Death: (d) Leading to Death: (e) Leading to Death:	hemo we kend id alterio	nha dir	ease	0 NSET AND DE 4 day 4-54
Immediate Antecedent Diseases or cogiving rise to stating under! II. OTHER SIGN Conditions conrelated to the	cause DU cause(s) nditions, if any, the above cause ying cause last IFICANT CONDITITION to the dead disease or condition	(a) LEADING TO DEATH: (b) LEADING TO DEATH: (c) LEADING TO DEATH:	hemo we kend id alterio	uha Lis sele	gl ease rosis	ONSET AND DE HARY
Immediate Antecedent Diseases or cogiving rise to stating under! II. OTHER SIGN Conditions conrelated to the 19a. DATE OF O. 21. ACCIDENT SUICIDE HOMICIDE	cause DU cause(s) nditions, if any, the above cause ying cause last IFICANT CONDITITION to the dead disease or condition PERATION: 19b. (Specify)	(a)(b)(c) Jet TO (b)(c) Jet TO (c) Jet TO (c) Jet TO (o)	Le hemo ive hears id alterio	sle	gl ease cosis	
Immediate Antecedent Diseases or cogiving rise to stating under! II. OTHER SIGN Conditions conrelated to the 19a. DATE OF O. 21. ACCIDENT SUICIDE HOMICIDE	cause Du cause(s) nditions, if any, the above cause ying cause last IFICANT CONDIT tributing to the dead disease or condition PERATION: 19b.	(a)(b)(c) Jet TO (b)(c) Jet TO (c) Jet TO (c) Jet TO (o)	Dive hears id afficio HOW DID INJUI	dis sele	ease	ONSET AND DE HARY 4-54 20. AUTOPSY Yes \(\) No
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Immediate Antecedent Diseases or co giving rise to stating under! II. OTHER SIGN Conditions con related to the I9a. DATE OF O! 21. ACCIDENT SUICIDE HOMICIDE TIME (Month OF INJURY 22. I hereby co alive on SIGNATURE 23. BURIAL, CRI REMOVAL (S. BUYTAL)	cause cause(s) nditions, if any, the above cause ying cause last IFICANT CONDITITION TO THE disease or condition PERATION: 19b. (Specify) (Specify) (Oay) (Year) Pertify that I attempt the second of the sec	(a)	HOW DID INJUNION OF TITLE) ADDRESS METERY OF CREMATORY LILE Union	OWN) RY OCCUR? LOCATIO ROCK	(COUNTY) (COUNTY) That I lass and on the d	20. AUTOPSY Yes No (STATE) t saw the decease ate stated above DATY SIGN r county) (Sta
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()0831

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CERTIFICATI	E OF DEATH Reg. Dist.	. No
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
careful legibly.	COUNTY Many 1	STATE Mary land COUNTY MA	. +
leg	COUNTY //On Toomery MARYLAND CITY (If outside conforate limits, write RURAL LENGTH OF STAY	STATE / 'ary / and COUNTY // O CITY(If outside corporate limits, write RURAL a	n Toomery
and	OR and give nearest town) (in this place) 17 TOWN Ta Koma Park 18 days	Town Takoma Park	17
death clearly and	HOSPITAL OR Washington Sanitarium	STREET (If rural give location) ADDRESS 8//3 Carrol/ Aug	nue
cle	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
eath	DECEASED: (Type or Print) Florence Isabel F	Pobeson OF DEATH: Jan	6 1956
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. 9 -		ear If under 24 Hrs. Bays Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS		CITIZEN OF WHAT
0/	work done during most of working life, even if retired): Go Clerk	Dist. of Columbia	U.S.
the	John Glick	Mary Wambale	
rite	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
please write the	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
ease wr	18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 0 1	ONSET AND DEATH
**	HMMFDIATE CAUSE (A) Enfolism	cerebral arten.	17 dans
Physicians:	DUE TO		8
sici	ANTECEDENT CAUSE (S) Mural Hum	lus left uli do a West	Jee Janth
hy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		
	STATING UNDERLYING CAUSE LAST.	I de marlin une lettrati le	1 Small
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a of my court of the man	1 (0 1.4010145)
rta	TO THE DEATH BUT NOT RELATED TO THE		
bo	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	NI NI	
	2 - Indiana		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF BEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21C. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	D 21F. HOW DID INJURY OCCUR?	
50		bridges to James 6 195 6 that I last	
20	22. I hereby certify that I attended the deceased from	195, to 9, 195, that I last	saw the deceased
orrect ag	alive on	ADDRESS DAT	stated above.
corr		I. D. Pace - Or Car	county) (State)
¢	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REJECTIVE (SPECIFY)	All Oems Location Icity, town, br	is- to my
	DATE REC'D BY LOCAL REGISTRAS SIGNATURE	24 FUNERAL DIRECTOR The SH Himes Co 2901-14th	ADDRESS St. U. U. A.
	1 00 10 17.701 1 0100110 00000	The Vally and Vally	

VS. A15-10-53

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BUREAU V. S.

A15-10-53

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

857 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTE ON S.R. MARYLAND	STATE Maryland COUNTY Montgament
CITY (If outside corporate limits, write RURAL) LENGTH OF ST	AY CITY(If outside corporate limits, write RURAL and live nearest town)
OR and give nearest town) (in this place)	or Town Silver Spring
HOSPITAL OR	STREET // rural rive location)
MINSTITUTION OR STREET ADDRESS	ADDRESS 11 0 7 9 11 H
Justikeer Address Suburban Mospilal	ag of alnder street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (DHy) (Year)
(There are Print) of Child CC	obinSoo DEATH: 1 - 7 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Tennale Wild (Specify): WILD STEP STATES	25/88 Months Days Hours Min.
TOX. USUAL OCCUPATION TOWER THE UT TOB. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, even If retired): Salisfudy / which	maula COUNTRY1
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
71/11: 21/	The state of the s
William J. Tawar	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 317 Was Chunk
of service)	Mailes Chobenson Rockwill m
18. MEDICAL CERTIFIC	CATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.1 (man	7 A A -
MMEDIATE CAUSE (A) DUE TO	ory -
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY. (B) Walker	(as)
STATING UNDERLYING CAUSE LAST. DUE TO	1.1 -1 1
260% (c) Senera	sid arterioschericis
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT	TION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office blooming the contribution of the cont	factory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
OF INJURY While at work Not while at work	
22. I hereby certify that I attended the deceased from Se	bl. 1, 1955, to faw 7, 1956, that I last saw the deceased
/	at /2 135pM, from the causes and on the date stated above.
SIGNATURE , 1934, and that death occurred	ADDRESS DATE SIGNED
Walter & augerine	M. D. 6 3 00 - 13 th St. N.W Wash. 11, DC Jan. 7.1956
	METERY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM REMOVAL (SPECIFY) 10. 1-56 LOWSLONE	810 2 7
Licrosed	0
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS ADDRESS AND

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PART CONTRACTOR

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

is especially important. Physicians:

correct age

BY LOCAL

DATE REC'D

REGISTRAR'S SIGNATURE

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	0 2 0		
2	858	CERTIFICATE OF DEATH	

, 605	JERTHIOATI	COF DEATH Reg. Dis	t. No. 901 6
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery	MARYLAND	STATE Maryland county Mon	tgomery
CITY (If outside corporate limits, write RI OR and give nearest town) TOWN Bethes 62 HOSPITAL OR INSTITUTION OR STREET ADDRESS 4620 Drummi	URAL LENGTH OF STAY 2 (in this place) 2 yrs.	CITY/If outside corporate limits, write RURAL OR Bethesda STREET (If rural give location ADDRESS 4620 Drummond AV	and give nearest town)
3. NAME OF (First) DECEASED: (Type or Print) Clarence			(Day) (Year) 20, 19 56
Male White (Specify);	idowed Oct.1	5, 1882 73 yrs. 3	Days Hours Min.
on. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rean k Officer	or industry: tired	Penna.	COUNTRY?
13. FATHER S NAME:		14. MOTHER'S MAIDEN NAME:	
John S. Rowland		Annie E. Pidgeon	
(Yes, no, or unk.) (If Yes, give war or dates of service)	180-12-0116	17. INFORMANT & ADDRESS: William : 4620 Drummond Ave, Bethe	F. Rowland sda, Md.
1	B. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH	AL HEMORRHAGE	ONSET AND DEATH
IMMEDIATE CAUSE	UE TO	412 /10/10/10/10/10	- 10 10 min.
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY.	(B) GENERAL UE TO (C)	IZED ARTERIOSCLEROSIS	10 4125
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	NTRIBUTING HE		
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	1	20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)		etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work		
alive on 12 JANUARY, 19.56, and SIGNATURF, Frederick W.	that death occurred at	6:30 PM, from the causes and on the date ADDRESS D. 1835 Eye St. N.W. Walie D. C. 2 ERY OR CREMATORY LOCATION (City, town,	stated above.
23. BURIAL, CREMATION, DATE THEREO REMOVAL (SPECIFY) Burial—Transit 1-21-56		Cemetery Delaware Co.	Pa.

FUNERAL DIRECTOR ADDRESS Leve a Despuer Bethesda, Md.

BUREAU V. S.

LEB 3 1826

BECEINED

VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00835

859 CERTIFICATE	E OF DEATH	teg. Dist. No. 2/2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF I	DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY	Montgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write	
OR and give nearest town) (in this place)	TOWN Laytonsville	2/
X JINOS. 5 WKS	STREET (If rural give	a location)
TO STREET ADDRESS General Hospital, Inc.	ADDRESS	, iocation)
	(Last) 4. DATE (Mon-	th) (Day) (Year)
DECEASED: (Type or Print) Willis Burnside Ru	nkles OF DEATH: Ja	nuary 1 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday	
male white Specify):widowed 10/26	/64 91 yrs.	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign count	ry): 12. CITIZEN OF WHAT
even if retired): Hora	Maryland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Baisl Runkles	Mary Ellen Mentzer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		
194. DATE OF OPERATION:	N	YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(County) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
	2;26 BM, from the causes and on the causes are caused and the caused are caused are caused and the caused are caused and the caused are caused are caused and the caused are caused and the caused are caused and the caused are caused are caused and the caused are caused are caused and the caused are caused are caused are caused and the caused are caused a	DATE SIGNED
Barral Jan 4,1956 Prospect	Troleriot	3 Co m
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS ADDRESS

BUREAU V. S.

9981 6 NAL

DEALED

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the registrar within 72 hours after deal in by the funeral director, the third

The bottom copy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

860

1. PLACE OF DEATH

CERTIFICATE OF DEATH

00836

Reg. Dist. No. 2/2

2. USUAL RESIDENCE (HOME) OF DECEASED

s aft the	COUNTY MAY TO METY MARYLAND	STATE Mary land COUNTY MOS	ata
or,	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this piece)	CITY (If outside corporate limits, write RURAL and give near OR	est town)
ect P	X TOWN BOUNDS-BED BOURD	TOWN BOSER & - REI)
4. Air	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS	
within	O'O STREET ADDRESS	Nooneo	
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) OF	(Dey) (Year)
the	(Typa or Print) Harry Kandolph	Davage DEATH Jan.	-22 1956
registrar by the	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
.E	Mirite (Specify) Married Fel-	22-1879 76 yrs.	Days Hours Min.
in die	done during most of working fife, avan If OR INDUSTRY	11. BIRTHPLACE (Stete or foreign country)	COUNTRY?
A THE WAY	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	45
intificate be filed with sand completely fille burial transit permit.	a no	Mant F 12 11	
complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	nger
con a se	(Yes, no, or unk.) (If Yas, give war or datas of service)	102011 5012120 13	- A 14.1
and buri	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
0 2 0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
sicia as	33/X AMMEDIATE CAUSE (A) <u>Celebral</u>	Hemorshage	24 hours
e de physi use	ANTECEDENT CAUSE(S) DUE TO	and an and and	2 400
for for	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	Charles Ma anas	- years
adir a	STATING UNDERLYING CAUSE LAST, DUE TO (C)		
quires the attendi	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
by th	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
The	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (Coun	(Stete)
execu embly	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 2 Whila Not whila Hours of work	21f. HOW DID INJURY OCCUR?	
been asse	22. I hereby certify that I attended the deceased from Admin.	1956 to Jan 22 195 & that I	last saw the deceased
at at	alive on flam 22, 19.6 cm, and that death occurred at	3.00 M. from the causes and on the date states	d above
has tificat	SIGNATURE	ADDRESS (Street, city, town, stata)	DATE SIGNED
	Vernow ? Marlens M.D. of	esmanteron, had san	22/06
ertifice esth	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
	Dund 1/15/56/10/10/10Ca	ey Dealls VIII	e, 1911
t sy	24. REC'D BY REGISTRAR BEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / A/
4541 - 3	DATE fan 123/136 hashe of offen	Will am 13./+1/ton,	Darnespell

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

732

CERTIFICATE OF DEATH

Reg. Dist. No. 223

00837

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Sam	carefull legibly.	COUNTY Yortgomery MARYLAND	STATE Md COUNTY MON	tgomery
/	ca i le	CITY (If outside opporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURA)	and give nearest town)
	bion	MYTOWN Takoma Park 3 days	TOWN Rockville	26
	m of information death clearly and	HOSPITAL OR	STREET (If rural give location	n) /
	for	STREET ADDRESS	1:1 .	Rive.
	in h c	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)
	of of	(Type or Print) Wertrude Dale Sa	hroeder DEATH: Januar	14 19 1956
-	ite	5. SEX: GOLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED Sept	OF BIRTH: 9. AGE last birthday IF UNDER Months Months	Days Hours Min.
NG	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf	11. BIRTHPLACE (State or foreign country): 11.	COUNTRY?
BINDIN	pply	13. FATHER'S NAME: Williams & Slale	Lillian MC Cuse	les
FOR E	IK.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SURITY NO. (Yes, no. or ann.) (It to give war or dates	17. INFORMANT & ADDRESS: MR. Louis W. Schroeder - 3	ome address
		18. MEDICAL CERTIFICA		INTERVAL BETWEEN
RESERVED	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	100	ONSET AND DEATH
ER	AD s:	IMMEDIATE CAUSE (A) Cower (rephran rephrasis	Thay
ES	UNF	ANTECEDENT CAUSE (S)		1
	6.4	DISEASES OR CONDITIONS, IF ANY, (B)	alcahalioni	4.40
MARGIN	WITH it. Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
IR	WI of.	32d.0 (c)		
M	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	as Carbini	
	IZI od	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTÓPSY?
•	3	2		YES NO
•	Eial	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	inty) (State)
	> 70	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	E OR	22. I hereby partify that I attended the deceased from au	16, 1956, to Jun 19, 1956, that I la	st saw the deceased
	TYPE rect a	alive on 19 , 1995, and that death occurred at	ADDRESS porom Para mo	e stated above.
		230 BURIAL, CREMATION, DATE THEREOF NAME OF COMME	A. D. 600 Caus Of Jun 20	(State
Alo	PLEASE	remation 1/2/56 Cedar	Will Suitland	md.
á >	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	WW Chambrelo. WS & h	SYDDRESS W.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1800839

862	Reg. Dist. N	10
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland COUNTY	Montg.
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town) TOWN Chevy Chase	CITY (If outside corporate limits, write RURAL and a rown Chevy hase	give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5300 Saratoga Ave	STREET (If rural give location) 5300 Saratoga Avenu	ue
3. NAME OF DECEASED: (Type or Print) Leon Perry (Middle) Shoe N	(Last) 4. DATE (Month) (Day)	(Year) 1956
Male 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Married 10	e of Birth: 9. AGE last birthday: If UNDER 1 YEAR 0-8-1891 9. AGE last birthday: If UNDER 1 YEAR Months Days 2 25	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retred): Ret. Civil Fig. Self-emp	Maryland U	IZEN OF WHAT UNTRY? SA
William Shoemaker	14. MOTHER'S MAIDEN NAME: Sarah El:	iza Perr
15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (1f Yes, give war or dates of service) NO NOR	17. INFORMANT & ADDRESS: Mrs.Rudolph J 5300 Saratoga Ave. Ch. h.Md.	.Bopp
18. MEDICAL CERTIFICA	TION	Interval Betwee
Immediate cause (a) (a) (b) (c)	hemorrhages	24 AGUIS
Antecedent causes (s) Diseases or conditions, if any, (b) Ouges 6	we heart failure	2 1245
stating the underlying cause last. DUE TO	2-tery disease	6 weeks
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7/73
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str. OF office bldg., etc.) INJURY	eet, (CITY OR TOWN) (COUNTY) (STA	(TE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. INJURY OCCURED Work ☐ At Work ☐	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from / 2 - Z		
alive on 2013, 1956, and that death occurred at signature	of Course that the Mil. Isu	3 1956
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMER REMOVAL (Specify) 1-6-1956 Parkla	TERY OR CREMATORY LOCATION (City, town, or count	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR U S S S S S S S S S	24) FUNERAL DIRECTOR	Address hesda.Md

MARGIN RESERVED FOR BINDING

863		
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Registrat, ()
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	_1
COUNTY Montgomery MARYLAND	STATE // COUNTY	TV O'
OR and rive nearest fown) TOWN CITY (If oytside corporate limits, write TURAL OR and rive nearest fown) (in this place)	CITY (If ownide corporate limits write RURAL and OR TOWN COPER SURVEYS	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Z 2 23 Osborn Drive	STREET ADDRESS 2223 Osvorw	Drive
NAME OF (First) (Middle) DECEASED: (Type or Print) Jacob.	Silverman. 4. DATE (Month) (Day DEATH Jan 7	(Year) 19 56
		YEAR IF UNDER 24 HRS. Ays Hours Min.
work done during host of work life, even if retired); ale man leady to be	at 14	COUNTRY? U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Simon	Kachael	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Marvew Con - La	une,
Immediate cause (a) Starlatic	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 2NCCKS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	ms of Stomach	81x Month
I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
98. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	Stomach	20. AUTOPSY? Yes \(\text{No.} \text{No.} \text{No.} \text{Vos.} \)
PRIMARY OF CONTRIBUTING OF Street, office bldg., et INJURY	C.,	(State)
Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M.		
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes Acc		
GIGNATURE John S. Bell	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED
Success 1-11-56 Herren	g Kun LOCATION (City, town, or ex	Ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	G. FUNERAL DIRECTOR	ADDRESS

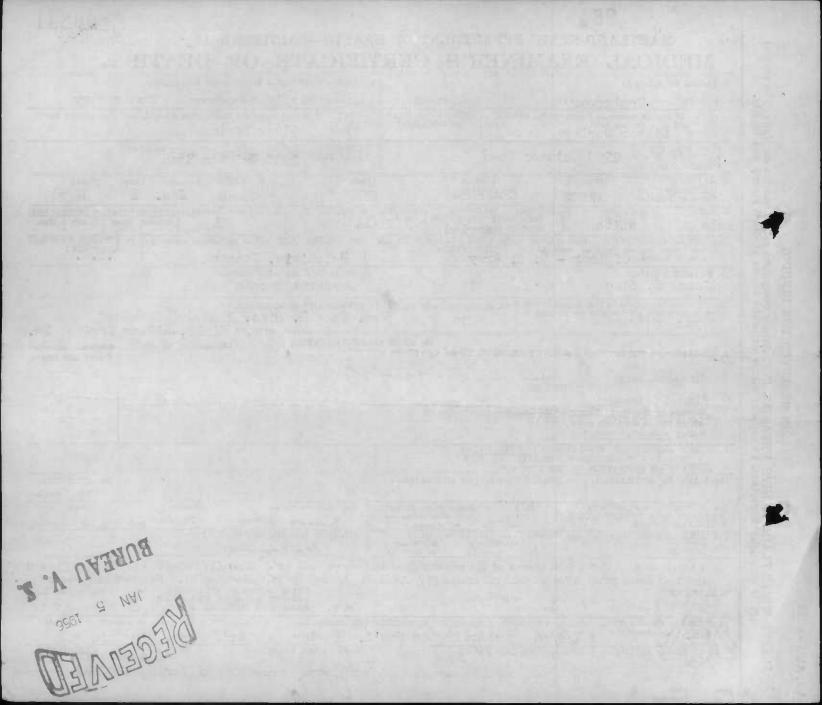
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:		2. USUAL RESIDENCE	E (HOME) OF DE	CEASED:	F- F
county - Montgomery	MARYLAND	STATE Maryl	and county	Mont	gomery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring	LENGTH OF STAY (in this place)	OR _	er Spring	e RURAL and	l give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2208 Quinton Road	1	STREET ADDRESS 220	8 Quinton R	give location)	
DECEACED.	Middle) IF ORD	(Last) SINE	OF	onth) (Day Jan. 1	(Year) 19 56
male White (Specify) Ma	DIVORCED, 3/23	/14	AGE last birthday	Montbs Da	TEAR IF UNDER 24 HRS. Ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Officer - U. S. Ar	and of business of ndustry: My	Hutchisin		country): 12.	COUNTRY?
13. FATHER'S NAME: James S. Sine		Margaret B			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	no M	17. INFORMANT & AI	ine, 2208 Q1		
		Pos	emery Hills	Silver	Spring Md-
I. DISEASES OR CONDITIONS DIRECTLY LEADIN Immediate cause (a) DUE TO		L CERTIFICATION	emery Hills	, Silver	INTERVAL BETWEEN
Immediate cause (a)	Strange	L CERTIFICATION	emary Hills	, Silver	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause DUE TO stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO	JTING	Letin		, Silver	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBIT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING	JTING THE	Letin			INTERVAL BETWEEN ONSET AND DEATH 5 7
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING INJURE CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e, IN	JTING THE C (Home, farm, factory, street, office bldg., etc., y JURY OCCURRED	21c. (City or town Silver 21f. HOW DID IN	JURY OCCUR?		INTERVAL BETWEEN ONSET AND DEATH 3 7
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDIN CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e, IN Wb INJURY M. Wor	JTING THE C (Home, farm, factory, street, office bldg., etc., y JURY OCCURRED lie at Not wbile at work	21c. (City or town Silver and 21f. HOW DID IN Hane	Spring (Cour) JURY OCCUR?	nty)	20. AUTOPSY? Yes \(\text{No Z} \) (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause of the	JTING THE C (Home, farm, factory, street, office bldg., etc., Y JJURY OCCURRED lie at Not while at work the remains describ	21c. (City or town 21f. HOW DID IN How ded above, held an ent , Suicide CHIEF DEPUT	JURY OCCUR?	spection S, Undeter	20. AUTOPSY? Yes \(\text{No } \(\text{State} \)

MARGIN RESERVED FOR BINDIN WITH UNFADING INK. important. PLEASE WRITE PLAIN's age is especially

VS. A15A - 5 - 53



*, 9		MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	00842
E E		CERTIFICATI	OF DEATH Reg. Dist	. No. 216
	ly.	1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
1		county Montgomery Maryland	STATE Maryland COUNTY Mon	T COMONIT
41		CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	ino give nearest town)
1 .5	and	OR and give nearest town) (in this place) Y TOWN Bethesda One day	TOWN Kensington	×
notomagin	learly	HOSPITAL OR The Clinical Center STREET ADDRESS Bethesda, Maryland	STREET (If rural give location) 3004 Oak Drive	1
- 18	ath	DECEASED: (Type or Print) Evangeline M. Smit	h OF Jan. 30	Day) (Year)
	of	Female White (Specify): Married 15 D	ec. 1907 9. AGE last birthday Funder in Months D	Pays Hours Min.
NG N		NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. Pennsylvania	COUNTRY? U. S. A.
IO	the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN	te	Eugene Paravano	Pauline Johnstone	
FOR		(Yes, no or unk.) (If Yes, give war or dates of service) NO NO NO NOT available	The Medical Record, The Cli	inical Center
	please	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEEN
RESERVED		163X IMMEDIATE CAUSE (A) Pulmonar	y infarction (mulliple)	ONSET AND DEATH
RESE	cia	ANTECEDENT CAUSE (S)	0 04 010	
MARGIN F	-	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	e Warro Carinoma H Lung.	
WI	it.	(C)		
M. M.	important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
T A	imi	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		d		YES NO
E	ia	21A. ACCIDENT WAS UNDERLYING \(\bigcap \) 21B. PLACE (Home, farm, factor of CONTRIBUTING \(\bigcap \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
WRIT.	.00	OF INJURY OCCURRED M. 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
ac	90	22. I hereby certify that I attended the deceased from Jan.	30, 1956, to Jan. 30, 19.56 that I last	saw the deceased
TVPE	rect	alive on Jan 30 , 1956 , and that death occurred at	7:50PM, from the causes and on the date a	stated above.
A10 —		23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BEMOVAL (SPECIFY) Seb. 2. 1956 Cesan Hill	RY OR CREMATORY LOCATION (Gity, town, or	county) (State)
2 2		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 21156 13 14 14 14 14 14 14 14 14 14 14 14 14 14	Y. Christer I alter 254 Can	ADDRESS PAUL AL

EEB 3 1020

OBARDEO

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians:

DATE REC'D

REGISTRAR

BY LOCAL

REGISTRAR'S

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00843

868 CERTIFICATI	E OF DEATH Reg. Di	st. No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	SED:
COUNTY MONTGOMERY MARYLAND	STATE Md. COUNTY MO	antamery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		and give nearest town
TOWN Bethesda . D. A.	TOWN BOTHOSOFT	X
HOSPITAL OR	STREET (If rural give location	on)
Institution or Subuyban Hosp.	ADDRESS 5202 Glenw	ood Rd.
3. NAME OF (First) (Middle) Smit	(Last) 4. DATE (Month) OF DEATH: JAN	(Day) (Year)
5. SEX: 6. COLOR OR (7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify): (Specify): 3	3 - 94 9. AGE last birthday IF UNDER Months of Jyrs.	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of the work done during most of working life, even if retired): OR INDUSTRY: Self-emp.	11. BIRTHPLACE (State or foreign country): 11	2. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George W.	Josephine LAFORT	Aine
(Yes, no, or unk.) (If Yes, give war or dates of service) 15.8-01-2262:	Frederick Smithson -	- Son
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	nory Hambour	INTERVAL BETWEEN
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
0		YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2000 CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 2IC. WHERE DID (City or town) (Co., etc. INJURY OCCUR?	unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
alive on Signature of the signature of t		
Burial 1-23-50 NAME OF CEMETING Burial 1-23-50 Arlington		or county) (State) Virginia

ADDRESS

Bethesda

BUREAU V. E

9961 Tal Ny

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg.	Dist.

77	MEDICAL E	XAMINER'	S CERT	IFICATE	OF DI	CATH	No. L. T.
	I. PLACE OF DEATH:		2.	USUAL RESIDENCE	(HOME) OF DE	CEASED:	,_
		100	ARYLAND	STATE MA	COUNTY	mon	4
- 92	CITY (If outside corporate limit OR and give nearest town) TOWN	s, write RURAL LEI	NGTH OF STAY (in this place)	CITY (If outside corr OR TOWN Arl	orate limits write	e RURAL and	l give nearest town)
2	HOSPITAL OR INSTITUTION OR STREET ADDRESS	2 act Wes	t Hingery	STREET ADDRESS	(If rupal,	give location)	howy
	3. NAME OF (First) DECEASED: (Type or Print)	Middle)	be C	ast) 4	DATE (MOF DEATH	onth) (Day	() (Stear)
	5. SEX: 6. COLOR OR RACE:	7. SINGLE, MARRY WIDOWED, DIVO (Specify):	ED, 8. DATE O		GE last birthday	Months D	YEAR IF UNDER 24 HRS. ays Hours Mln.
1	10a. USUAL OCCUPATION (Giv. work done during most of even if retired)	work life. INDUS	OF BUSINESS OR STRY:	II. BIRTHPLACE (S	State or foreign	country): 12.	CITIZEN OF WILAT
	IS. FATHER'S NAME:		1	4. MOTHER'S MAIDEN	NAME:		77.50
3	John M	Snapp		Kathem	· Key	w	
O MILE	15. WAS DECEASED EVER IN U.S. AR (Yes, no, or unk.) (If Yes, give war service)	med Forces? 16. Social or dates of	SECURITY No.: 17.	INFORMANT & ADDI	V	me as	Elin 1
	170		IS MEDICAL.	CERTIFICATION	The acc	and v-	
\$	I. DISEASES OR CONDITIONS D	IRECTLY LEADING TO		OJAKITI TORITOR			INTERVAL BETWEEN ONSET AND DEATH
200	420.1	0.	onery oc				ONSET AND DEATH
37	Immediate cause	DUE TO	orway or	eurer	************************	*********************	Lucie
•	Antecedent cause(s)	DOE TO	(/				
211	Diseases or conditions, if any,	(b)	V	***************************************			
	giving rise to the above cause						
ה ה	stating underlying cause last	(c)					
3	II. OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CA	RELATED TO THE					
1120110	19a. DATE OF OPERATION: 19	b. MAJOR FINDING OF	F OPERATION:				20. AUTOPSY? Yes □ No ☑
dun	21a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	G D 21b. PLACE (Horotope of Street INJURY	me, farm, factory, et, office bldg., etc.,	21c. (City or town)	(Cou	nty)	(State)
clally	2Id. Time (Month) (Day) (Year OF INJURY	(Hour) 21e. INJURY While at work	Y OCCURRED Not while at work	21f. HOW DID INJU	RY OCCUR?		
he	22. I hereby certify that I	took charge of the r	remains described	above, held an A	utopsy [], In	spection 🔜	, Inquiry 🗓, and
ű	find that death resulted	from: Natural cau	ises 岚 , Acciden	t □, Suicide □,	Homicide [, Undete	
se Is	SIGNATURE	Brose how	9	DEPUTY	EDICAL EXAM MEDICAL EXAM T MEDICAL EX	MINER 🗔	DATE SIGNED
3		TE THEREOF NAM	E OF CEMETERY	OR CREMATORY	LOCATION (Cit	y, town, or co	ounty) (State)
	BEMOVAL (Specify): 0		EN WOOD CA	METERY	WASHIN	670 N	D.C.
	DATE REC'D BY LOCAL RE	GISTRAR'S SIGNATURI	E	24. FUNERAL DIRECT	TOR '	,	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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4	WRITE PLAIN
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	OR
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VS.	PI

The	MARYLAND STATE				00033
	№ 868 CER	TIFICATE	OF DEAT	H Reg.	Dist. No. 215
ull ly.	1. PLACE OF DEATH:	Sample Control	2. USUAL RESIDEN	CE (HOME) OF DECE	ASED:
carefull legibly.	COUNTY Montgomery	ARYLAND	STATE D.C.	COUNTY	.C.
ion ca	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Betnesda Rural	LENGTH OF STAY (in this piace) 2 mos; 26 dys	· OR	rporate limits, write RUR.	a HTX-3
information carefully clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda		STREET ADDRESS 3000	(If rural give local 39th Street, N	tion)
m of inf death cl	3. NAME OF (First) (Midd DECEASED: (Type or Print) Charles D		SNIFFIN	4. DATE (Month) OF DEATH: Janua	(Day) (Year)
A W	5. SEX: 6. COLOR OR 7. SINGLE, MARRII RACE: WIDOWED, DIVO Caucasian (Specify) Widow		of BIRTH: 9.	AGE iast birthday IF UND Month	ER 1 YEAR IF UNDER 24 HRS.
Supply every te the causes	10A. USUAL OCCUPATION (Give kind of 108. KIND	OF BUSINESS		ate or foreign country):	12. CITIZEN OF WHAT COUNTRY?
upply	13. FATHER'S NAME: Joseph SNIFFIN		14. MOTHER'S MAI		.011.
0 gard		IAL SECURITY NO.		ADDRESS:Sister:M	TO T B SHOF-
	AMERICA 1 1 4 4 4 7 1 1 4 4 4 4 4 4 4 4 4 4 4 4	-58-6305		th Street, NW, W	
TH UNFADING IN Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING (A) IMMEDIATE CAUSE (A) DUE TO	G TO DEATH	& Bron	chousie	INTERVAL BETWEEN ONSET AND DEATH
Phy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	estely	in me	tastasis	7 mos
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TING			
7	19a. DATE OF OPERATION: 19B. MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY7
	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, facto Y street, office bidg., e	ry, 21c. WHERE DIE	(City or town)	County) (State)
> ,0		NURY OCCURRED Not while at work	21F. HOW DID IN	JURY OCCUR?	
SE TYPE OR	22. I hereby certify that I axended the decea	sed from 10-21 eath occurred at 4	:50a _{M, from the ADDRESS}	causes and on the de	last saw the deceased ate stated above. DATE SIGNED ary 1956
PLEASE	23. BURIAL CREMATION, DATE THEREOF		RY OR CREMATORY	Arlington, V	n, or county) (State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNARE SIGNARES		24. FUNERAL DIF	901 14th Stree	ADDRESS t, NW, Wash., D.C.

and the State of State of the S0.0, 2 . V UALIUI 3201 h3 NAL

S. A15 — 10 - 53

TYPE

PLEASE

22. I hereby certify that I attended the deceased from Jan. 10, 19.5 to Jan. 3 19.5 that I last saw the deceased alive on Jan. 3, 19.6, and that death occurred at PM, from the causes and on the date stated above.

ADDRESS

BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county)

REMOVAL (STEERFY)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

S.H. Hinas Co. 2901-14 - St. MW Work. D. C.

9261 71 NAL

DECEINED

PERSONAL OF DESIGN

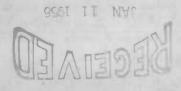
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VS.	

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MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.8
TTem LD M3.LM GLYL L-23-50 200	CTIFICATE OF DEATH	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR	give nearest town)
X TOWN Rural - Bethesda	TOWN Washington, D.C.	4/X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 2300 Conn. Ave., N.W.	
3. NAME OF (First) (Middle) DECEASED: CAROLINAL II DOLANA CONTRACTOR	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CAROLYN VanDOLAH TALI	LEY DEATH Jan 4th	19 56
PACES WIDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y 41 yrs. Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIIE OWN HOME	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Louis S. VanDolah	Blanch Stool	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No service) Ves	Grant S. Talley- Item # 2	
	CAL CERTIFICATION	I was to be a second
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a)	l Poisoning	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Barbita DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last		
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Immediate cause (a) Acute Barbita DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
Immediate cause Oue To Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	Sodium Seconal 7, 21c. (City or town) (County)	ONSET AND DEATH
Immediate cause Oue To Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	Sodium Seconal	ONSET AND DEATH ? 20. AUTOPSY? Yes No
Immediate cause Due to	Sodium Seconal 7, 21c. (City or town) (County) 21f. HOW DID INJURY OCCUR?	ONSET AND DEATH ? 20. AUTOPSY? Yes No (State)
Immediate cause Due to	21c. (City or town) (County) 21f. HOW DID INJURY OCCUR?	ONSET AND DEATH 20. AUTOPSY? Yes No (State) (State) , Inquiry (, and rmined cause (). DATE SIGNED



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be re-ATTENDING PHYSIC

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00849

Meong (o. 1300 N.St.N.W

8 CERTIFICATE OF DEATH

,011	EKIIFICA	IE OF DE	Reg. D	ist. No. 216
Item 1. FilmG192 2-6-56 1. PLACE OF DEATH	et	2. USUAL RESID	DENCE (HOME) OF DECEAS	
course Mancheson com		Control of T	2	
COUNTY Montgomery CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	CITY (it outside c	orporate limits, write RURAL end give	ntgomery
OP and give percent town	(In this place)	On		,
HOSPITAL OR		TOWNRIPAL	Washington D.	C. X
INSTITUTION OR STREET ADDRESS 5712 Mass.	Avenue	ADDRESS	2 Mass. Ave. N.	
3. NAME OF (First) DECEASED	(Middla)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Charlotte	Carr Ta	vlor	DEATH Jan	26 19 55
S. SEX 6. COLOR OR 7. SINGLE	, MARRIED, WED, DIVORCED,	ATE OF BIRTH	9. AGE lest birthday IF UN Month	DER 1 YEAR IF UNDER 24 HRS
Female White Specif	vll	ril 2I. I88I	74 yrs. TO	5 nous min.
	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stata or		12. CITIZEN OF WHAT
retired) None	None .	Maryland		TT Q A
13. FATHER'S NAME	ACCITO	14. MOTHER'S MAID	EN NAME	Us ids Ms
ma				
Edward T. Carr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO	Emma Boll	inger	
(Yas, no, or unk.) (If Yas, give wer or dates of service	Nona		a Appress	
NoNo.		Mabis T	Overstreet	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH				
332 X IMMEDIATE CAUSE (A)	CEREBI	PAL THRO	m B0515	4 DAYS
ANTECEDENT CAUSE(S) DUE TO	B 1	,		11/2
DISEASES OR CONDITIONS, IF ANY, (B)	CORONA	rry		0/2 YE 141
STATING UNDERLYING CAUSE LAST. DUE TO	A F DF D	PAI 1		1.1/2 VEAS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	C - 12 - 13	1, A L		12 12 1621
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				d as February
19e. DATE OF OPERATION 19b. MAJOR FIL	NDINGS OF OPERATION			20. AUTOPSY? YES NO Z
21e. ACCIDENT WAS UNDERLYING 21b. PLAC	CE (Homa, farm, factory,	21c. WHERE DID INJURY OC	CIP? (City or town)	(Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	streat, office bldg., etc.)	ZIC. WIERE DID INSURT OF	con (chy or lown)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (House	r) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY O	CCUR?	
M.	at work et work			
22. I hereby certify that I attended the	deceased from C. C.	T 19.5.1., to	1/26 , 19.56, tha	t I last saw the deceased
alive on 1/26 1956	and that death occurre	ed at 2,46 EM, from th	e causes and on the date st	ated above.
SIGNATURE	7157		DRESS (Street, city, town, stata)	
M. A. h)S	from M.D.	11-1016-		C. 1/24/5-
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETER	Y OR CREMATORY	LOCATION (City, town, or cou	inty) (Stete)
Removal	155		ROANOKE	VA.
24. REC'D BY REGISTRAR REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS

Beasie M. Fhompeas Martin

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D.F C.F. NEW YEST BITE

BUREAU V. E.

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CEPTIFICATE OF DEATH

Bethesda, Md.

4	CERTIFICATE OF DEATH Reg. Dist	. No. 2 4
and legibly.	1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL COUNTY) OR and give nearest town Refreshed (9 Au 5) 2. USUAL RESIDENCE (HOME.) OF DECEASE STATE CITY (If outside corporate limits, write RURAL of COUNTY) TOWN TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) OR TOWN TOWN CITY (If outside corporate limits, write RURAL of COUNTY) TOWN CITY (If outside corporate limits, write RURAL of COUNTY) OR TOWN CITY (If outside corporate limits, write RURAL of COUNTY) CITY (If outside corporate limits, write RURAL of COUNTY) OR TOWN CITY (If outside corporate limits, write RURAL of COUNTY) OR TOWN CITY (If outside corporate limits, write RURAL of COUNTY) OR TOWN CITY (If outside corporate limits, write RURAL of COUNTY) CITY (If outside corporate limits, write RURAL of COUNTY) OR TOWN CITY (If outside corporate limits, write RURAL of COUNTY)	taomen
clearly	HOSPITAL OR INSTITUTION OR THE STREET ADDRESS HY 05 Organ	and live.
causes of death	OF DECEASED: OF DEATH ON . S	Day) (Year) 1956
	[[Cle Nobile (Specify) [] [] [] [] [] [] [] [] [] [Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of working life, even if retired) Tristrument Mker 10B. KIND OF BUSINESS (11. BIRTHPLACE (State or foreign country): 12. Nohawk New York Nohawk New York	COUNTRY?
the	Jerome Terry Roudine, Jenny	
se write	15. Was Deceased Ever IN U.S. ARMED FORCES? (Yes. no., or unk.) (If Yes, give war or dates of service) WW 1 214-18-8028 17. INFORMANT & ADDRESS: (Ver. no., or unk.) of service) WW 1 214-18-8028	4 - above
please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
Physicians: ple	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. 1MMEDIATE CAUSE (A) Procession from the control of	7ew Layer
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	2 weeks
	STATING UNDERLYING CAUSE LAST. (C) COVORA Or Leriosslesons	2 years
int	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING .	. groves
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. INJURY OCCUR? (Countries of INJURY occurs)	ty) (State)
is est	OF "INJURY OCCUR?" M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work at work 21F. HOW DID INJURY OCCUR?	
a	22. I hereby certify that I attended the deceased from, 1975, to, 1956, that I last	saw the deceased
correct ag	Out (granam MI M.D. 5016 Hungeting 1	re/signed
อั	Burial (Specify) 1-27-1956 Arlington National Arlington	Virginia
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	hesda. Md.

A15-10-53 VS. item of information carefully. The

Supply every

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDIN

DECENALD

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00851

MARILAND STATE DEFARIMEN	1 OF HEALTH—BALTIMORE, 18	10001
873 CERTIFICATE	E OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D: 4
COUNTY Mentgomery MARYLAND	STATE MA COUNTY MU	nt.
OR and give nearest town) TOWN Chevy Chasa CITY (If outside corporate limits, water RURAL (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Cherry Chase	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6716 Fairfay Rd	STREET (If rural give location) ADDRESS 6716 - Fairfax Rd.	/
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Olen B.	- 1 4 05 1	26 19 56
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. 4-1	9-1896 9. AGE last birthday F UNDER I Y Months D	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. Sen if retired): Western Clec. Co. Telephone Grupon 13. FATHER'S NAME:	11. BIRTHPLACE (State or foreign country): 12. 14. MOTHER'S MAIDEN NAME:	COUNTRY?
John I / harp	Bosley	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.	Mes g. Thanh 6716 Fairfast	Rd. Gh. Lh. mg
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion U	INTERVAL BETWEEN
1420.1 IMMEDIATE CAUSE (A) PULMONE	PRY INFARCTION	5 yener tes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES ON THE ABOVE CAUSE DISEASES DISEASES ON THE ABOVE CAUSE DISEASES DI	RSIAL INFARCTION	1 year
STATING UNDERLYING CAUSE LAST. (C) HILD F. R.	TENSIDA	6 Vian
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING / TO THE DEATH BUT NOT RELATED TO THE	1210 31010	
DISEASE OR CONDITION CAUSING DEATH		
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January alive on January 1956, and that death occurred at SIGNATURE	9 AM, from the causes and on the date s	
	ERY OR CREMATORY LOCATION (City, town, or of the land of the Con	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 26-56 Bessie M. Hossifoton	8H. Henes Co 2901-14 = St.	M.W. Wash.

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1800852

	CERTIFICATE C	OF DEATH Reg. Dist.	No. 22
carefully.	1. PLACE OF DEATH; 2.	. USUAL RESIDENCE (HOME) OF DECEASED	D:
gib	COUNTY MONTGOMENY MARYLAND	STATE Mary land county Mont	omey
-	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL & TOWN likery Chase	nd give nearest town)
item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Addington Sanitarium Hospital	STREET (If rural give location) ADDRESS SOG Woodine S	+ 1
of in	(Type of Time) of a file	toy OF DEATH: / -	Day) (Year)
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED. (Specify) Married /2-23		ays Hours Min.
NG every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewell	BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
whi the		4. MOTHER'S MAIDEN NAME: Rese Kessilott	
FOR BILL	15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 11	7. INFORMANT & ADDRESS:	Tal Records
20			INTERVAL BETWEEN ONSET AND DEATH
RESER' UNFAD	IMMEDIATE CAUSE ANTECEDENT CAUSE (S) ANTECEDENT CAUSE (S)	Euocaremone Sigmoid	18 mo.
MARGIN RESERVED Y, WITH UNFADING tant. Physicians: ple	adua ca	cinoma ascentue Colon	5/24
WIJ WIJ			
MAR AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
NI	DISEASE OR CONDITION CAUSING DEATH.	· O · ooker fair in	20. AUTOPSY?
. 7	3.9.55 Recurrent maligraphy in	ocarchiona Colon to vivie	YES NO NO
/RITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (City or town) (Count INJURY OCCUR?	(State)
E 10	OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	200
O 9	22. I hereby certify that I attended the deceased from May	, 1950, to / / , 1956, that I last	saw the deceased
SE TYPE	alive on 12 . 3/ , 1950, and that death occurred at	ADDRESS . FA 12	stated above.
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	00 //	, , ,
LEA	Burial nun 3 1930 Chal clare	el tem Gyon Hils	ma
0.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

DECENED

3291 P NAL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

874 CERTIFICATE OF DEATH 00853

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTGOMERY	
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL end give nearest town)	
	OR and give neerest town) SILVER SPRING (in this plece) 34 yrs.	OR TOWN SILVER SPRING	
	HOSPITAL OR INSTITUTION OR 638 RITCHIE AVENUE	STREET (If rural give location) ADDRESS 638 RITCHIE AVENUE	
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)	
	(Type or Print) JOHN A. VAN	HORN DEATH JAN. 16 1956	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
	MALE WHITE SpecifyWIDOWED FEB.	28, 1866 89 yrs. Months Days Hours Min.	
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTERER — RETIRED	11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	OLIVER VAN HORN	SALLY	
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service) 16. SOCIAL SECURITY NO. 220-05-4088	17. INFORMANT & ADDRESS Mr. Herbert Van Horn 4624 Saul Rd., Kensington, Maryland	
-	18. MEDICAL CERTIFICATION INTERVAL BETWEE		
	334X IMMEDIATE CAUSE (A) Cebrol curte	rioscleroses ONSET AND DEATH	
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	artiriochresis	
	i heart discine		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION 20.			
0		YES NO	
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (County)			
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 11, 19.53, to 20. 19.56, that I last saw the deceased		
1-55 10M	alive on him	at. 12. 57 M, from the causes and on the date stated above. ADDRESS (Street, city, jown, state) DATE SIGNED 237 Street, Str	
A15C 1-5	23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF NAME OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERS	R CREMATORY LOCATION (City, town, or county) PRINCE GEO. COUNTY, MARYLAND	
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING, MI	
	DATE 1-19-56 Frances Foller	Varner C. Tumphrey	

ST ERDMITTAGE SYTARE FOR THE WITTAGE STATE OF MEASTREE AS

CERTIFICATE OF DEATH

* 10

The Mountain of

SCUI 'S NAL



S. Naval Hospitta, NNMC, Bethesda, Maryland
| NAME OF CEMETERY OF CREMATORY | LOCATION (City, town, or county)

R. AUN Framphate For Funeral Home

7557 Wisconsin Avenue, Bethesda, Md.

Illinois

PEARSON LT MC USN U.

DATE THEREOF

17 Jan 1956

REGISTRAR'S SIGNATURE

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR 1956

205/275 VS. A15-10-53

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- U. C. Townsen, and but a

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DECENED

PLEASE TYPE OF

22. I hereby certify that I attended the deceased from . 19) / . to that I last saw the deceased R and that death occurred at D alive on M, from the causes and on the date stated above. SIGNATURE ADDRESS BURIAL, CREMATION NAME OF CEMETERY OR LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'8 SIGNATURE REGISTRAR

HERMAN SHOWN AND THE RESERVE

BUREAU V. S.

Jest ES NAL

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VS. A15-10-53

MARYLAND	STATE	DEPARTME	ENT OF	F HEALTH-	BALTII	MORE,	18	00856
876	CEI	RTIFICAT	re o	F DEAT	H	Reg.	Dist.	No. 2/5
F DEATH:			2. 1	JSUAL RESIDEN	CE (HOME)	OF DEC	EASED	

	CERTIFICATE OF	Reg. Dist. No.
ly.	1. PLACE OF DEATH: 2. US	SUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY NUMBER OF STAY CITY (If optside corporate limits, write RURAL LENGTH OF STAY CITY OR and give negrest (Nowh) OF	ATE M, COUNTY MANAGEMENT TY(If outside corporate limits, write RURAL sold give hearest town)
anc	OR and give newtest towh) (in this place) OF TOWN SULU HULLY 5 CM	WN Selver Spring. 56
clearly		DORESS 921 Philadelphia apenus
death c	DECEASED: (Type or Print) LELIA WEBB	4. DATE (Month) (Day) (Year) OF DEATH: WW. 29 1956
of	RACE: WIDOWED DIVORCED. (Specify): MADALLA LILE 31	1876 9. AGE last birthday IF UNDER 1 VEAR Hours Min.
causes	OR INDUSTRY: 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10a. USUAL OCCUPATION (Give kind of the property	W. Chay, Clludy 12. CITIZEN OF WHAT
te the		rancy Cynew
se write		for P. Isebb. 921 Pheladelphia yu SS MA
please	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	1/1/2 X	ONSET AND DEATH
ns:	IMMEDIATE CAUSE (A) tephischion	E rend muffrey mis
cia	ANTECEDENT CAUSE (S)	- 0
Physicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY. (B)	reclines you
		, o amala fibilities for day
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ess? mot cuthelity
mp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21C OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. IN. (IF EITHER, NOTIFY MEDICAL EXAMINER)	C. WHERE DID (Clty or town) (County) (State) JURY OCCUR?
is es	M. at work at work	HOW DID INJURY OCCUR
age	22. I hereby certify that I attended the deceased from 1960, 19	to , to , 1920, that I last saw the deceased
correct a	alive on 17.5.1	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVALY (SPECIFY) Transf Jurial 20. 1, 1956 Eynnhurst Cemilia	CREMATORY LOGATION (City, town, or county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24.	TUNERAL DIRECTOR ADDRESS WITHUL STRUM. LC

BUREAU V. E.

LEB S 1826

BECEINED

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 877

CERTIFICATE OF DEATH

,		()	(152)	1
leg.	Dist.	No.	212	

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY Montgomery	MARYLAND	STATE Mar	yland county Mo	ntgomery F
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Bethesda Rural	(in this place) 5 days	OR	corporate limits, write RUR	AL and give nearest town)
HOSPITAL OR INSTITUTION OR U.S. Naval Hospit		STREET	(If rural give local Euclid Street	tion)
3. NAME OF (First) (Mid DECEASED: (Type or Print) Glenn Raymo		(Last)	4. DATE (Month) OF DEATH:Jan	(Day) (Year) 23 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARR RACE: WIDOWED, DIV (Specify)Singl	IED, 8. DATE	OF BIRTH:	9. AGE last birthday IF UND Month	ER 1 YEAR IF UNDER 24 HRS.
	OF BUSINESS	ri. Birthplace ((State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Raymond A. WEGER		Glare PEN		
18. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk.) (If Yes, give war or dates	CIAL SECURITY NO.	17. INFORMANT		46
of service)	DICAL CERTIFICAT		McRer' Dame as	INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		lloblastoma		30 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Tnon	ition		2 mos.
19A. DATE OF OPERATION: 19B. MAJOR FINDIN 12/14/53 medullo	igs of operation blastoma	1		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLAC	CE (Home, farm, factory street, office bldg.,	etc. INJURY OCCU		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E While at wor	NJURY OCCURRED Not while at work	21F, HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended the decent and the second se	death occurred at	12:20 In, from the Address	ne causes and on the d	ate stated above. DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) 26 J an 1956	NAME OF CEMET	RY OR CREMATORY		n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGN		24. FUNERAL D	DIRECTOR Was	hingwaresD.C.

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BUREAU V. E.

3261 78 NAU

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Silver Spring, Md.

DATE REC'D

BY LOCAL

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BUREAU V. S. OBVIEDER

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		MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	00859
1	r.h.e	879 Item 9 CERTIFICATE	et.	No. 216
	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED).
TI	carefull legibly.	M to	M L M	
X	leg	COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE IN COUNTY NOT CITY If outside corporate limits, write RURAL a	gomery
1		OR and give nearest town) (in this place)	OR 3	nd give nearest town)
7	and	X TOWN Bethesda 10 days	TOWN Chery Chase	X
h	formation learly and	HOSPITAL OR INSTITUTION OR SUBUSBAN	STREET ADDRESS 4700 Bradle u	Blud!
9				Day) (Year)
	em of i	(Type or Print) Ade aide Reardon	ells DEATHOLAN &	15 1956
	it it	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED. DIVORCED. Feb. (Specify): WIGOW Feb.	OF BIRTH: 9. AGE last birthday IF UNDER I WONTH Months D	ays Hours Min.
	causes	IOA. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS	11. BIRTHPLACE (State of foreign country): 12.	CITIZEN OF WHAT
15	eve	work done during most of working life OR INDUSTRY:	Baltimore Maryland	COUNTRY
	e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	413
Z	th th	C. Rank	E. L. E. +	
BI	K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS;	
FOR BINDING		(Yes, no, or unk.) (If Yes, give war or dates	Apt. 4c-208 E	ast 70th St.
FC	INK Se w	No of service) None	Mary P. Bruns- New York Cit	y, New York
Q	NG	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
RESERVED	ADING S:_ ple	Halv	, , ,	ONSET AND DEATH
ER	AI AI	IMMEDIATE CAUSE (A) Man bush	Lary tarlure	Dew troms
ES	UNF	ANTECEDENT CAUSE (S)		
	01	DISEASES OR CONDITIONS, IF ANY. (B) Confluen	& Bronolopneumonia	Few days
ARGIN	Phy	STATING UNDERLYING CAUSE LAST.		
RG	H	(c)		
MA	ar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CHURCH	usia Y Sur Sical Shook	
	LY	DISEASE OR CONDITION CAUSING DEATH.		
	AIN	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		3 2 4 Jan. 56 Carcinoma Spleme 7	Heure Colon	YES NO
*	Eial	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (Count injury occur?	y) (State)
	WRIT	21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
	> 10	OF INJURY M. While Not while at work at work		
	144	22. I hereby certify that I attended the deceased from	1948 to Jan 25 1956 that I last	saw the deceased
က	50	0 01 -		
, MG	TYPE rect a	alive on 36, 1906, and that death occurred at		E SIGNED
2		Com s. Ball	. D. 7936 surgeting Rd Betherd	mu 1/25/56
			ERY OR CREMATORY LOCATION (City, town, or	county) (State)
A15	LEA	Burial 1/27/1956 Arlington	National Anlington V	irginia
	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	LA4. FUNERAL PIRECTOR	ADDRESS
>		REGISTRARY 31-66 Blazi, M. Shombarx	Kohert a. Tumphreys	éthesda, Md.
		The second secon		

3 81 THE RELEASE OF THE PARTY OF THE

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hours after death. executed within 24 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit. • ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

72 hours after death. After this director, the third copy of this

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HEHAL BESIDENCE (HOME) OF BECEASER

CERTIFICATE OF DEATH

00860 Reg. Dist. No. 2/4

880

			Zi OGONE KESISEIN	DE (IIIOIME) OF DI		
COUNTY Mont	tgomery	MARYLAND	STATE Md.	COUNTY	17000	
CITY (If outside corp OR end give neere	orate limits, write RURAL	(In this place)	CITY (If outside corpore OR	te limits, write RURAL e	nd give neerest town)	
	er Spring	(in this piece)		Spring		56
HOSPITAL OR GI	reens Nursing	nome	STREET	(If rurel gly	e location)	7
STREET ADDRESS C	olesville Road	,Silver Spg.	ADDRESS 14428	Colesvil:	le Road	
3. NAME OF	(First)	(Middle) Md.	(Lest) TAY	4. DATE (Mon	th) (Dey)	(Yeer)
(Type or Print)	Chaulotte	5 2	Wenner by Wenner	OF	an. 8	19 56
	DLOR OR 7. SINGLE, MARR			AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	nite (Specify) S	ingle Feb.	3, 1870	85 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION done during most of	(Give kind of work 10b. Kll	ND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)		OF WHAT
			Near Lovetts	ville.Va.	U.S	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
Jonathan A	A. Wenner		Mary Cathe			
		S. SOCIAL SECURITY NO.	17. INFORMANT & AD			lle Rd.
(Yes, no, or unk.) (If Yes	s, give wer or detes of service)	=5 77-20-019 8	- Miss Rac	hel M. Ci	rown	S.S.
		18. MEDICAL CERT	TIFICATION			RVAL BETWEEN
1100000	ONS DIRECTLY LEADING TO DEATH	1 , 1 ,	711 14		ONS	ET AND DEATH
4 IMMEDIATE	CAUSE (A)	+ poplyin	Admibites		2	wps;
ANTECEDENT	CAUSE(S) DUE TO		1 .4-		1	
DISEASES OR CONDITION GIVING RISE TO THE AB		army my	danditis		3	gn
STATING UNDERLYING	CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CO						
TO THE DEATH BUT NOT						
19e. DATE OF OPERATION		OF OPERATION			20	. AUTOPSY?
0					YES	□ NO Z
216. ACCIDENT WAS UNIOR CONTRIBUTING CAU	SE OF DEATH OF INJURY street,		ic. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
21d. TIME OF INJURY (M	Aonth) (Dey) (Year) (Hour) 21e.		If. HOW DID INJURY OCCUR?			
	M. et w	ile Not while or work				
22. I hereby certi	ify that I attended the dece	ased from Sut	19.55 to C	un 1956	, that I last sav	the deceased
£	19.5-6 , and	// /	1 / ()			
SIGNATURE	-	That down occurred us.		ESS (Street, city, town		ATE SIGNED
And 1.	Smy and	M. D. ==	Sandy In	in mes	3 11	12/56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fowr	n, or county)	(Stete)
burial	Januar 1956	Glenwood	Cemetery	Washingt	on D	
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	•
DATE /- 10-5	6 transie	Carolos.	2901 14th S		Washing	ton.D.C

AL STOR PLAN - NELEST OF PRESENT OF HEALTH AND STATE OF LITTER M.

CERTIFICATE OF DEATH

Now Peru No.

MAC

UNFADING INK.

OR WRITE PLAINLY, WITH

PLEASE TYPE

correct

Supply every item of information carefully.

2 · 881	LAND STATE DEPA CERTIFI		OF HEALTH OF DEAT		00861, st. No. 2/
1. PLACE OF DEATH:		2	. USUAL RESIDE	NCE (HOME) OF DECEASE	ED:
COUNTY MONTGOME	RY MARYLAN	ND	STATE MARYL		
CITY (If outside corporate OR and give nearest town SILVER SPRI		H OF STAY his place)	OR	orporate limits, write RURAL ER SPRING	56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8718	8 FIRST AVENUE		STREET ADDRESS 871	(If rural give location 8 FIRST AVENUE	/
3. NAME OF (First DECEASED: (Type or Print) RACHI		(Las WHITACR		4. DATE (Month) OF DEATH: JANUARY	(Day) (Year) 7 9 1956
female 6. COLOR OR RACE: white	7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify): widowed:	B. DATE OF DEC. 27,	1879	76 yrs.	Days Hours Min
OA. USUAL OCCUPATION (GI work done during most of w even if retired): HOMEMA	Ive kind of 10s. KIND OF BU	ISINESS 11	GAITHERSBU		COUNTRY?
13. FATHER'S NAME: NATHAN P. COOKE		1	4. MOTHER'S MAI	IDEN NAME:	
15. WAS DECEASED EVER IN U.S. A (Yes, no, or unk.) (If Yes, give of service)	e war or dates None		ss Pauline	E. Whitacre, 8718	1st Ave.,SS.
(Yes, no, or unk.) (If Yes, give of service)	None 18. MEDICAL C NS DIRECTLY LEADING TO DE	Mi	ss Pauline		INTERVAL BETWEE
(Yes, no, or unk.) (If Yes, give of service)	None 18. MEDICAL C NS DIRECTLY LEADING TO DE	Mi	ss Pauline		1st Ave., SS. INTERVAL BETWEE ONSET AND DEAT
(Yes, po, or unk.) (If Yes, give of service) I DISEASES OR CONDITION	None 18. MEDICAL C NS DIRECTLY LEADING TO DE (A) DUE TO	Mi	ss Pauline		INTERVAL BETWEE
(Yes, no, or unk.) (If Yes, give of service) I DISEASES OR CONDITION IMMEDIATE CAUSE	18. MEDICAL C NS DIRECTLY LEADING TO DE (A) (S) (IF ANY. (E CAUSE USE LAST.	Mi	ss Pauline		INTERVAL BETWEE
I DISEASES OR CONDITION IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAU	(S) (IF ANY. (C) (E) (B) (B) (B) (C) (C) (B) (C)	Mi	ss Pauline		INTERVAL BETWE
I DISEASES OR CONDITION IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT	IS. MEDICAL CONS DIRECTLY LEADING TO DE (A) (S) (IF ANY. (E CAUSE USE LAST. (C) (C) (C) (C) (C) (D) (D) (D)	Mi	ss Pauline		INTERVAL BETWE
I DISEASES OR CONDITION IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAU II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION	IS. MEDICAL CONS DIRECTLY LEADING TO DE (A) (S) (IF ANY. (E CAUSE USE LAST. (C) (C) (C) (C) (C) (D) (D) (D)	Mi CERTIFICATION EATH	ss Pauline		INTERVAL BETWEE ONSET AND DEAT
I DISEASES OR CONDITION IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE STATING UNDERLYING CAU II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION	IS. MEDICAL CONS DIRECTLY LEADING TO DE (A) (S) (IF ANY. (E CAUSE USE LAST. (C) (C) (C) (C) (C) (C) (C) (C)	Mi CERTIFICATION EATH	ss Pauline		INTERVAL BETWEE
(Yes, no, or unk.) (If Yes, give of service) I DISEASES OR CONDITION IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLY	(S) (S) (S) (S) (S) (S) (S) (S)	OPERATION e, farm, factory, office bldg., etc.	ss Pauline ory Ih levotre	E. Whitacre, 8718 Whitacre, 8718 Heart Muses D (City or town) (Cour	20. AUTOPSYTYES NO Z



alive on 1/9 and that death occurred at 8 M, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

GAITHERSBURG, MARYLAND

JAN. 12,1956 FOREST OAK CEMETERY
REGISTRAR'S SIGNATURE . 24. FUNE

TORA ADDRESS

DATE REC'D BY LOCAL REGISTRAR

Transe of to

24. FUNERAL DEECTOR

ILVER SPRING, MD.

(State)

DECEIVED SERVICE

BUREAU V. S.

MAKYLAN.	D STATE	DEPARTMEN	T OF	HEALTH-	-BALTI	MOKE,	18
			~~~			~	-

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	state Maryland county Montgo	mery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ROCKVILLE  LENGTH OF STAY (in this place) 3 VYS.	CITY (1f outside corporate limits write RURAL and OR TOWN ROCKVILLE	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.1 South Glen Rd	STREET (If rural, give location) ADDRESS Rt.1. South Glen Road	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) EDWARD B	(Last) 4. DATE (Month) (Day) VILBER DEATH 2m. 2	(Year) 19 5 6
Male White Specify: Married 9-24	E OF BIRTH: 9. AGE last birthday: IF UNDER I YI	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work life, even if retired): ASST. Sec. State Governmen	nt New York	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas Cornelius Wilber	Mary M	eade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of NO NO.: NO.:	17. INFORMANT & ADDRESS: Son. Edward B. Wilber Jr. South Glen	Rd Rock Ville
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	'ailure -	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	cclusion.	5min.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 🗵
21a. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] OF Street, office bldg., etc. INJURY	"	(State)
ZId. TiME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes D, Accidental SIGNATURE		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER Burial 1-5-1956 Parklawn	Rockville	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/6/56 Lawell H. Keaglou	24 FUNERAL DIRECTOR	ADDRESS esda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.

The

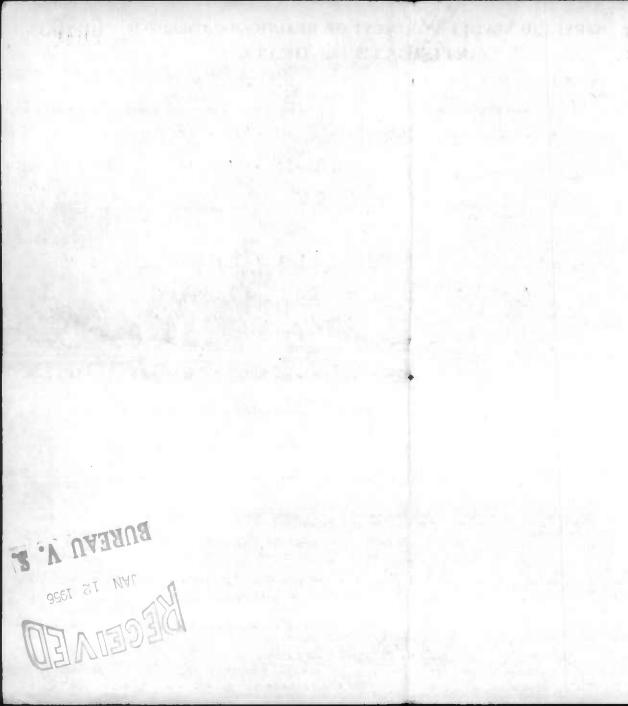
A15-

VS.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 883

#### CERTIFICATE OF DEATH

OBRITTOAL	E OF DEATH Reg. Dist.	NO
1. PLACE OF DEATH: 406 MANGFIELD RA SILVEN GPRINGHOG MANGFIELD RA COUNTY MAN TROMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE SANE COUNTY	Mout
CITY (If outside conforate limits, write RURAL OR and give nearest town)  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL at OR TOWN 51/VER GDX 1114	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If Jural give location) ADDRESS HOG MANGFIELD Rd. Silv	EX FREING
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARIAN G. Wi	GEMAN OF DEATH: JAN. &	(Year) 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): MARKIED	y 28, 1918 37 yrs. Months Di	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	WASH MGTON D.C.	COUNTRY
SAMUEL ZUKERMAN	14. MOTHER'S MAIDEN NAME:  LENA LERNER	
(Yes, no or unk.) (If Yes, give war or dates of service)	LEON WIGEMAN - GIVER	ANGFIELL A
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY,  (B)	noof breast with metastases	Dyens
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etcry, 21c. WHERE DID (City or town) (County, etc. NJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	2 - 4-1
SIGNATURE O O SID	4.35 P.M. from the causes and on the date s	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET PREMOVAL (SPECIFY) DEC 8/956 Beth	Shames Cept High	5 mg
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



DATE REC'D BY LOCAL REGISTRAR

56

REGISTRAR

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

884 CEI	RTIFICATI	E OF DEAT	H Reg.	Dist. No. 2/4
1. PLACE OF DEATH:	MARYLAND	2. USUAL RESIDEN	COUNTY	Morely
CITY (If outside corporate limits, write RURAL OR and give nearest rown)	LENGTH OF STAY (in this place)	OR TOWN	X a.	AL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	farview	tion)
DECEASED: Nacy Bo	yKin	(Last) Pe	4. DATE (Month) OF DEATH: /	(Day) (Year) 26 1956
6. COLOR OR 7. SINGLE MARK	VORCED. JAN	10,1868	AGE last birthday Month	B Days Hours Min.
ever retired :	D OF BUSINESS INDUSTRY:	Cleaton	-, M.C.	12 CHIZEN OF WHAT
BODINSON FENNELL B	oxkin	ANN T	tobbs	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	CÍAL SECURITY NO.	Jun F		- Facewer Rd.
I DISEASES OR CONDITIONS DIRECTLY LEADING AN IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Lyperte	nelefthro	of Lisease	INTERVAL BETWEEN ONSET AND DEATH
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB		Gelirosis	•	7
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19B. MAJOR FINDI	NGS OF OPERATION	1		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJU-	CE (Home, farm, fact RY street, office bldg.,	etc. INJURY OCCUR?	(City or town) (C	County) (State)
OF INJURY While	rk at work	11 1		
SIGNATURE TO SELVE YES	death occurred at	ADDRESS	causes and on the de	DATE SIGNED
23 BURIAL) CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY	LOCATION TCity tow	or county) (State)

FUNERAL DIRECTOR

10 - 53 A15-VS. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

BEEL OF NAL

DECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00865

Reg. Dist.

#### EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER 5 CEL	THICAID OF DEATH	No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONGOMERY MARYLAND	STATE Mel COUNTY Minds	,
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give marrest town) (in this place)	CITY (If outside corporate limits write RURAL age TOWN Rivelvelle	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8/8 Crothers Land	STREET ADDRESS 8/8 Crothers La	we 1
3. NAME OF DECEASED: (Type or Print) Ledwick Lames Wood	(Last) 4. DATE (Month) (Day OF DEATH Jan 2:	101
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mirried Cit	20 1920 35 yrs. Months D	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, INDUSTRY: even if retired): Aust accomment	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Emerson Ges Woolfett	Ethel M Rachestra	w
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W W I	IT. INFORMANT & ADDRESS:	Min 2
18. MEDIC	AL CERTIFICATION	1.00
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
( Ormany &	etlusion	1 hr.
Immediate cause (a) DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No.
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc CAUSE OF DEATH.	2.3	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci		
SIGNATURE Josephon & Brosichon &	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	/- 23.56
DENIONAY (Consten)	RY OR CREMATORY   LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify): (1-26-1956   Arlington		/irginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/25/56 James 11 36 Manager	Lumphrey Bethe	ADDRESS da, Md.
- June		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

9551 48 MVF

BECEDAED

carefully.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg Dist. No. 2/6

MOSPITAL OR   INSTITUTION OR   STREET   If first   Note location   ADDRESS   STREET   ADDRESS		d of Builtin Reg. Dist	. 110. 0.00.: 4
OR and the nearest town TOWN STREET OF THE TOWN ADDRESS THE TOWN TOWN STREET OF THE TOWN ADDRESS THE TOWN TOWN STREET OF THE TOWN ADDRESS THE TOWN TOWN TOWN STREET OF THE TOWN TOWN TOWN TOWN STREET OF THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
CITY If outside corporate limits, write RURAL and give neared to the nearest town and the nea	COUNTY MANTACMENY MARYLAND	STATE D.C. COUNTY	
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF STREET ADDRESS  3. NAME OF OF OPEN OF STREET ADDRESS  5. SEX: 6. COLOR OR 7. SINGLE ARRIED OF STREET ADDRESS  5. SEX: 6. COLOR OR 7. SINGLE ARRIED OF STREET OF STREET ADDRESS  10. USUAL OCCUPATION Give kind of IOs. KIND OF BUSINESS OF CONDITIONS GOVERN OR ON	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY		and give nearest town
ADDRESS STREET ADDRESS SCHOOLOGUE (Special Security No. 12 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Middle) S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 12 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 12 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 13 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 14 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS:  S. SEN: 6. COLOR 07. SINGLE ARRIED. (Special Security No. 15 INFORMANT & ADDRESS			47X-3
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County   C	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. CATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
TOTHER SIGNIFICANT CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS LIST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  20. AUTH  VES  21A. ACCIDENT WAS UNDERLYING  OF INJURY street, office bldg., etc.  III OTHER SIGNIFICANT CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21 INJURY OCCUR?  While  Whil	tenue white (Specify): Didou) 13	2/30/00 35 yrs.	
13. MTHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  19. STATING UNDERLYING CAUSE  19. STATING UNDERLYING CAUSE LAST  19. DISEASES OR CONDITIONS, IF ANY.  19. GIVING RISE TO THE ABOVE CAUSE  19. DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION:  19. MAJOR FINDINGS OF OPERATION  20. AUT.  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT WAS UNDERLYING TO THE  19. DISEASE OR CONDITION CAUSE OF DEATH OF THE CONTRIBUTING TO THE DEATH OF THE CONTRIBUTION TO THE DEATH OF THE CON		N. BIRTHPLACE (State or foreign country): 12.	
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18. MEDICAL CERTIFICATION  INTERVAL E ONSET AND ONSET AN	of service)		CA 1
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19a. Date of operation:  19a. Major findings of operation  20. Autrest   21a. Accident Was underlying   21b. Place (Home, farm, factory, or countributing   Cause of Death of Injury street, office bldg., etc.   Injury occur?  (If either, notify medical examiner)  21d. Time (Month) (Day) (Year) (Hour)   21e injury occurred   21f. How Did injury occur?  While   Not while   22f. How Did injury occur?  While   Not while   22f. How Did injury occur?  22. I hereby certify that I attended the deceased from   22f.	TO THE DEATH BUT NOT RELATED TO THE		
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OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While While at work I at wo	ISS. DATE OF OPERATION.		YES NO V
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While at work at work 10., 19.5, to 7.3 M. 18, 19.6, that I last saw the dealive on	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		ty) (State)
alive on	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	2 21F. HOW DID INJURY OCCUR?	V-18
SIGNATURE  M. D.  ADDRESS  DATE SIGNED  M. D.  23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)	22. I hereby certify that I attended the deceased from O.	10 , 195, to Jan. 18, 1956 that I last	t saw the deceased
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)	alive on, 19, and that death occurred at	2:16.17 M, from the causes and on the date	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	SIGNATURE	ADDRESS DA'	TE SIGNED
PENOVAL COMPANY	M MAN DATE TIPLE MAN DATE OF THE MAN DATE OF T		r county) (State
Burial Jan 21, 1956 Fort Lincoln Cemetery   Colmar Manor Md.	REMOVAL (SPECIFY)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  P. Gasch's Sons Hyattsville, Maryland.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR F. Gasch's Sons Hvattsville. N	

### BUREAU V. &

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	o	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00868
. 1	7. The	CERTIFICATE OF DEATH Reg. Dist.	No. 216
	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	1:
T	carefully legibly.	COUNTY MONGOMENL MARYLAND STATE Md. COUNTY MONT	taomery
1		CITY (If outside corporate limits write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL at (in this place) OR	na give nearest town)
( 10	tion	x TOWN Betherda 13 hours TOWN Bethesda	X
	rly	HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS	/
	nfor	74 STREET ADDRESS Suburban 4865 Battery D	ane
	item of information of death clearly and	DECEASED: OF Tan	Oay) (Year)
	m o	Type or Print) Mary Sauce Jack DEATH: OF STATE OF BIRTH: 9, AGE last birthday I FUNDER ( Y)	0 1926 EAR   IF UNDER 24 HRS.
		F RACE: WIDOWED, DIVORCED 11-21-1909 46 yrs. Months De Carrette de	ays Hours Min.
rh	every	10A. USUAL OCCUPATION (Give kind of working life, oR INDUSTRY:	CITIZEN OF WHAT
ž	y e	Admiristrative Asist N. I. H. Nome, Georgia	4.5.
BINDIN	Supply ite the c	Isham Rhone Walker Zollie Johnson Hun	at
	K. S writ	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
FOR	INI	(Yes, po. or unk.) (If Yes, give war or dates None Sister Clara Walker	
		18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RESERVED	ADING s: plee	452 ×	ONSET AND DEATH
SEF	FA.	IMMEDIATE CAUSE (A) Massive Subarachinor Hembriliage	3 hours
RES	UNF	ANTECEDENT CAUSE (S)	
		GIVING RISE TO THE ABOVE CAUSE  OTHER PROPERTY OF THE ABOVE CAUSE  DUE TO  DUE TO	211
MARGIN	$\vdash$	STATING UNDERLYING CAUSE LAST. (C) Right carolidarhy	Hear
[A]	2 20	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	(L)	DISEASE OR CONDITION CAUSING DEATH.	
	PLAINLY lly import	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	PL.	do and a second an	YES NO
4	WRITE PI especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
	WR	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while	
	R is	M.   at work   at work   1/30 10 fm	
~		22. I hereby certify that I attended the deceased from \$100, 1936, to 130, 1936 that I last	
10 - 53	TYP	thank the dame MIV. 1990 It Plan - And Bu	E SIGNED 130/5/
	SE	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	county) (State)
A15	PLEASE	Burial-Transit 2-1-56 Riverside Memorial Pk Jacksonville	Florida
VS.	PL	DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ethesda, Ad

BUREAU V. 2.

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VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The	MINICI DIN DEI MICHAEL		011807		
	735 CERTIFICATE	E OF DEATH Reg. Dist	. No. 223		
ull ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:		
carefull legibly.	COUNTY Montegomery MARYLAND	STATE Wash. D.C COUNTY			
ca.	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town)		
and	OR and give nearest town) (in this place)	OR TOWN	117 11 10		
an an	17 TOWN TAKOMA PARK		4/20		
me rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	100		
nforma	75 STREET ADDRESS Washington San. + Hospital	918 Farragut St.	reet V		
in o			Day) (Year)		
m of i	(Type or Print) Maurice (none) Yocke	Son DEATH: January	15 1956		
de	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE		YEAR IF UNDER 24 HRS.		
y item of information carefully.	Male white (Specify): March	2 15, 1895 60 yrs.	Days Hours   Min.		
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT		
ever	even if retired):	Russ:a	COUNTRY?		
e e	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4 merica		
Supply ite the ca	AL V V /-	01 6111			
K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
W.	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:			
INK.	Vn Knewn of service)				
NG	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
ZI d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
9 ::	400.1	ronary Mouth ciency	3 Lours		
TH UNFADING Physicians: plea	MMEDIATE CAUSE  (A) CAUTURE  DUE TO	of the state of	- JACOU		
ici	ANTECEDENT CAUSE (S)	The Year of the	261		
E	GIVING RISE TO THE ABOVE CAUSE DUE TO	withhouse cour	- Torons		
F	STATING UNDERLYING CAUSE LAST.	1 11 +			
WITH nt. Phy	(c) nuplatally	y wear onen			
~ 03	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1			
PLAINLY, W	DISEASE OR CONDITION CAUSING DEATH.				
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?		
	0		YES NO I		
WRITE PL especially	21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)		
RI	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
>	OF INJURY While Not while at work at work				
OR ge is	22. I hereby certify that I attended the deceased from 2, 1956, to Year 15, 1976, that I last saw the deceased				
	alive on January 15, 1936, and that death occurred at 3,55 PM, from the causes and on the date stated above.				
TYPE rect ag	SIGNATURE	ADDRESS . DAT	TE SIGNED CALL		
	Claron H. Mauin	. D. 8237 Storger are - Wiley So	zine ma		
SE	23. BURIAL, CREMATION. DATE THEREOF   NAME OF CEMETE	ERY OR CHEMATORY LOCATION (City, town, or	(State)		
PLEASE	RETIOVAL (SPECIFY) 1/15/56 /	Shoffm Wash. D	0		
LI	DATE REC'D BY LOCAL   REGISTRAT'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS A		
14	SEGISTRARS 1956 THUM NOUL	- B: Damonsty How O,	Vanh. De		

BUREAU V. S.

3261 71 NAL

DECENTED

The bottom copy may be retained by the hospital or attending physician.

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24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the ragistrar within 72 hours life death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00869

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Montg MARYLAND	state Maryland county Montg	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
Gaithersburg 23yrs	TOWN Gaithersburg	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	14 E. Diamond Ave	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yea	r)
(Typa or Print)	Younkins   OF DEATH Jan 31 19	56
T, OUIS H. MCCOMAS	Younkins   DEATH Jan 31 19 E OF BIRTH   9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER	
RACE WIDOWED, DIVORCED,	Months   Days Hours	Min.
	30-1887 68 yrs. 7 1	
0a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH/ COUNTRY?	AT
ratired) Retired U S A Institute of He	dlth.Frederick Co.Md, USA	
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John W. Younkins	Elizabeth Reeder	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
Yas, no, or unk.) (If Yes, give war or datas of service)	L. Renold Ypunkins . Gaithersbu	22 CT
18, MEDICAL C		-
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D	
331 X IMMEDIATE CAUSE (A) Lulia Cra	med Hemonlos My	亿
DUE TO		
DISEASES OR CONDITIONS, IF ANY. (B)	rais Sent. Isea	-
	al left bein pareis Thouse	in
(C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		,
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	and Allicon	M 2
ya, DATE OF OPERATION	20. AUTOPS YES \to No	Direction A.
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. at work et work		
22 I hardhy contify that I alleyded the decored from Male		
1/ 1/ ~/	. 01 //	ease
alive on the signature 19. J., and that death occurred	ADDRESS (Street, city, town, state)	
Jack Almunacher	ADDRESS (Straat, city, town, state) DATE SI	SNE
M. D.  S. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY	OR CREMATORY	VE
DEMONAL (SDECIEV)		itata)
	on Cemetery Middletown Md,	
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	21 2
1. Feb 2156 Ray & 1810. 6	ERNEST C. GARTNER. Gaithersburg/	Md

CONTRACT DEPARTMENT OF HEALTH BRIDGE, 10 TATE OF APPRICA

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BUREAU V. S.

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